

ANNUAL REPORT

TO THE

CITY OF BIRMINGHAM EDUCATION COMMITTEE

OF THE

SCHOOL MEDICAL OFFICER

JAMES R. MITCHELL, M.C., M.B., Ch.B., D.P.H.

FOR THE

Year Ended 31st December, 1938.

*In accordance with circulars 576 and 596
of the Board of Education.*

BIRMINGHAM:

Templar Printing Works, 168, Edmund Street.

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HUGH S. K. SAINTSBURY, M.R.C.S., L.R.C.P. (Appointed 1/9/38).

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*Part Time Officers.

ANNUAL REPORT

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JAMES R. MITCHELL, M.C., M.B., Ch.B., D.P.H.

For the Year ended 31st December, 1938.

INTRODUCTION

In last year's Report an attempt was made to give a fairly detailed account of the existing organisation of the school medical service. Since this has not been materially altered these details are not repeated, the present Report being rather an account of the work carried on throughout the year. The changes foreshadowed in 1937 are taking shape; two of the new clinics are almost completed while preparations are in hand for the remaining two.

The Alcester Street Clinic has been transferred to Sherbourne Road, and housed in a portion of the former Sherbourne Road Council School, which has been specially adapted for the purpose.

Dr. Margaret C. Winter was appointed to the staff on the 1st April, 1938, to fill the vacancy occurring at the end of 1937.

Changes in the personnel of the School Medical Service have resulted from the Committee's decision to increase the number of Assistant School Medical Officers and from the resignation of Dr. C. L. C. Burns from the post of Special Schools Medical Officer. At the end of 1937 the Committee approved a programme whereby four additional Assistant School Medical Officers should be appointed as staff for the four projected new clinics. Since it was anticipated that two of these clinics would be ready for occupation in the Spring of 1939, it was decided to appoint two of these Assistant School Medical Officers as soon as possible so that, although they had no actual clinic, they might take their part in medical inspection in the schools and share the work in the heavier of the existing clinics.

Accordingly Dr. Hugh S. K. Sainsbury and Dr. Margaret MacLean were chosen to fill these posts. Dr. MacLean resigned on December 31st to be married.

On the resignation of Dr. C. L. C. Burns from the post of Special Schools Medical Officer, it was decided that the medical work for these schools should be carried on by an Assistant School Medical Officer who should also relieve the School Medical Officer of certain other duties such as medical care of boarded-out children, examination of the Committee's employees, and of certain children and young persons at the Remand Home. For this post Dr. Philip R. Kemp was chosen and his place on the staff of Assistant School Medical Officers for ordinary duty was filled by Dr. C. Leith Barron.

CO-ORDINATION

Co-operation between the School Medical and the Public Health Departments has been maintained according to the Scheme detailed in the Report for 1937, and in all the activities noted there ready and valuable help has been afforded by the Public Health Department. Certain of these will be especially dealt with later.

SCHOOL HYGIENE.

Four new schools and one existing school extension were opened, and plans were approved for seven new schools.

Gymnasia and Shower Baths have been provided for in connection with the foregoing schemes.

Improvements in the sanitary arrangements at certain existing schools have also been made.

Hot Water Facilities:

In all new schools a hot water supply over all wash basins and in gymnasia is provided for. A start has been made with the provision of a hot water supply to wash basins in the older schools.

In this connection, the Committee have made the following decisions:—

- (a) That one towel per class, to be changed twice weekly, should in the meantime, be accepted as a minimum for all departments.
- (b) The provision of hanging space for a towel to each lavatory basin.
- (c) That children attending gymnasia should be encouraged to bring their own towels; that a reserve of towels should be stored in the appropriate room in each gymnasium for those who occasionally fail to bring a towel; that children's towels should be washed at home and the reserve towels should be washed by caretakers.
- (d) That there should be a supply of soap and of one towel per wash-basin, to be changed twice daily in the changing rooms on the playing fields and that the groundsmen should arrange for the washing of these towels at the same rates as are paid to the caretakers of schools.
- (e) That facilities for the provision of hot water be made, in the first place in those schools where there are Infant children, and progressively in other Departments for Junior and Senior children also.

Schemes for the bringing of certain schools up to the Board of Education standard as laid down in Pamphlet 107 are in active preparation, e.g., Formans Road, Hastings Road, Moor End, Paget Road, Yardley Wood; Builders work is proceeding in the case of the following schools:—

Dulwich Road, Peckham Road and Tinkers Farm Road. In these cases a gymnasium with changing rooms and showers will be provided for each Senior Department, and the latrine accommodation and washing facilities (including the supply of hot water) in all Departments will be modernised.

Desks :

In recent furnishing schemes a lighter finish has been used for the desks and cupboards. It is felt that this is in better harmony with the gayer colour schemes now in vogue.

In Senior Schools, table desks are being supplied throughout the classrooms and stacks of lockers are arranged under the blackboards or in the corridors.

For Reception Classes tables and chairs of the metal framed type are being used. These can be stacked when not in use.

Drying Rooms :

A room for drying children's clothes is now being provided in all departments.

Water Supply :

In addition to drinking water which is available in all lavatories, there are water jets in the playgrounds of all departments now being erected.

MEDICAL INSPECTION.

Early in 1938 it became necessary for the Committee to consider the whole matter of the "spacing" of routine medical inspections. It has been advocated from several quarters that inspection should be made less routine and more special; that in fact the whole system should be made more elastic. In particular it has been urged that the intermediate or "8 year-old" examination should be given up on the ground that at this inspection, as a rule, only about 15% of children are found to present any defects. The proposal was to substitute for this examination the "following up" of special cases of children found at previous examinations, both in the schools and in the clinics, to need further supervision. But the "intermediate" examination, although it may disclose relatively few defects, has an important and useful function. It provides an opportunity for discussing with the parent the conduct and maintenance of the child's health especially at the time when notable changes are occurring in his school life. For this reason it might be better to make this inspection coincide with the move to the Junior School. To abolish it, however, would strike a blow at the School Medical Service as an agent of preventive medicine.

Having reviewed the subject thoroughly, the Committee decided to retain the intermediate and to consider the addition of a fourth routine inspection when the school leaving age is raised in 1939.

NUTRITION

In the Report for last year it was stated that efforts were being made to promote a nearer approach to uniformity of standard among the Assistant School Medical Officers in their assessment of nutrition. These efforts consisted in general discussion of the subject and the selection of three individual officers who should endeavour to define and circumscribe the limits of the various groups of the Board's classification. This was undertaken by Dr. Kemp, Dr. Stooke, and Dr. Wilkins, who were considered to be fairly representative of the various opinions commonly held upon the matter. After careful deliberation these

Officers arrived at the following suggested limits for the four categories of the Board's classification :

Class A.—(Excellent) should be reserved for those children who are free from defect of any kind. Special attention should be directed to certain items in the Board's description of the type—straight legs, well-formed head and chest, sound teeth set in well-shaped jaws with no overlapping or crowding, and generally erect posture.

Class B.—(Normal) should include all those children whose *present* general physical condition and state of well-being are good. They need not be entirely free from such defects as are attributable to illness, defective nutrition and other factors *acting in the past*. To qualify for Class B. such defects as do exist must be well compensated either by subsequent growth and development or by treatment to a sufficient extent to be negligible from the standpoint of present and future health and well-being. If a child's condition is such that, in the opinion of the Medical Officer, treatment or improvement of the environment should effect a noticeable betterment in health, this should be sufficient to disqualify from this category.

Class C. (Slightly Sub-normal)—In this Class should be placed those whose state of health or functional well-being is slightly impaired.
The condition of these children requires, and is susceptible of, only slight improvement.

Class D. (Bad)—Here should be placed all those for whom "slightly sub-normal" is felt to be too high an assessment. The condition of such children requires a degree of improvement which is more than "slight."

It was felt that the distinction between "slight" and "bad" malnutrition was too vague and that it might have been better to have a third class between the two.

During the year 1938, 43,507 children were examined at routine inspections in the schools and their nutritional state was classified as follows :—

A (Excellent Nutrition)	...	...	2.3%
B (Normal Nutrition)	...	...	86.9%
C (Slightly subnormal Nutrition)	...	...	9.4%
D (Bad Nutrition)	...	...	1.4%

This shews a total of 10.8% of the children examined to be suffering from some degree of malnutrition as compared with 17% in the same condition in the previous year.

Again it is necessary to separate from the whole the findings of one Assistant School Medical Officer. This Medical Officer examined 3,567 children, finding 48% slightly subnormal in nutrition, and 12.5% "bad." In the previous year he classified as "bad" 24.4% of the children examined by him. If we exclude his figures as being dependent upon a standard entirely individual we arrive at the following classification, which may be taken as a much more reliable indication of the position in Birmingham as compared with the rest of the country.

Number of children examined	...	...	39,940
Number classified as :			
A (Excellent Nutrition)	...	...	2.5%
B (Normal Nutrition)	...	...	91.0%
C (Slightly subnormal Nutrition)	...	...	6.0%
D (Bad Nutrition)	...	...	0.5%

Total percentage whose nutrition was classified as below normal—6.5%

The more one investigates the subject of nutrition the more is one impressed by the practical value of the classification devised by the Board. Malnutrition must be considered from two chief points of view. First, it is a field for scientific research along a great variety of paths. Second, it is a clinical problem demanding the exercise of all the knowledge and professional acumen of the medical practitioner. The correct placing of the individual child in the appropriate one of the Board's four classes is the Doctor's answer to the parent's anxious query "Is my child well, or if not, is he very bad?" If the school Doctor cannot answer this plain and very important question with a fair degree of accuracy, he or she fails as a medical practitioner. That the majority do not fail and that the classification is of practical utility seems borne out by the fairly consistent returns from the whole country year after year.

Ascertainment of malnutrition, however, is not enough. It would be worse than a waste of time if it did not lead to and direct appropriate action. In order to decide along what lines any necessary action should be taken it seemed essential to investigate, as far as possible, the chief causes of the states of malnutrition in our children. Throughout 1938, therefore, an analysis has been made by each Assistant School Medical Officer of the conditions causing, or contributory to, malnutrition of any degree, whether slight or bad.

To facilitate this a scheme was adopted by which factors operating to the detriment of the child's nutrition were grouped under the following heads :—

- (1) Pathological
- (2) Social
- (3) Dietetic
- (4) Financial

The scope of these various groups and their application demand a few words of explanation :

Pathological. In this group are included cases in which the subnormal nutrition is dependent upon illness, present, recently past, or frequently recurring.

Social. Here the chief factors are habits, home conditions and mode of life, e.g., irregular meal times, inadequate sleep, exercise, etc.

Dietetic. Food inadequate in quality from faults in choice or preparation, although money may be sufficient.

Financial. Here lack of money is the essential cause.

There will be, doubtless, immediate criticisms of the scheme by many on the ground that the groups are too arbitrary and that in many individual cases more factors than one may be found in operation.

All this is perfectly true and yet the objection is not so cogent as it appears. Most clinical problems are of similar complexity and present a comparable variety of lines of approach. To succeed in his attack upon the malnutrition of any child the Doctor must recognise, and if possible eliminate, all causal factors but must be able to decide which is of primary importance. Idle to provide extra food in a financially secure home when asthma or recurrent bronchitis is the root cause of the subnormal condition; equally fruitless to employ ultra-violet radiation when, through lack of money, there is not sufficient food available.

The results of the analysis are given in the following Table:—

		<i>Routine Examination.</i>	<i>Special Examination.</i>	<i>Total.</i>		
A. NUMBER OF CHILDREN EXAMINED DURING THE YEAR AND CLASSIFIED AS :—						
Slightly sub-normal ...		2,712	837	3,549		
Bad		442	152	594		
TOTALS		3,154	989	4,143		
B. ANALYSIS OF APPARENT CAUSES :		%	%			
Slightly Sub-normal Nutrition	{ Pathological ... Social ... Dietetic ... Financial ...	1,128 522 351 711	41.6 19.2 12.9 26.3	230 110 27 470	27.5 13.1 3.2 56.2	1,358 632 378 1,181
Total No. classified as slightly subnormal		2,712	837	3,549		
Bad Nutrition	{ Pathological ... Social ... Dietetic ... Financial ...	93 21 48 280	21.1 4.8 10.9 63.2	15 4 7 126	9.9 2.6 4.6 82.9	108 25 55 406
Total No. classified as Bad		442	152	594		
GRAND TOTALS ...		3,154	989	4,143		

The investigation of 3,154 cases examined at routine inspection and found to present some degree of malnutrition shewed that 991 or 31.4%, were considered to be due to financial causes while 1,221 or 38.7% were judged to be pathological in origin.

It will be noted that there is a marked preponderance of cases shewing "financial" causes among those examined at special inspections. This is because there were included here all those children who were

examined for the provision of free meals. Not all the special examinations were for this purpose and among those with slight degrees of malnutrition the pathological factor is considerable. These would be chiefly children examined at the instigation of teachers and attendance officers. In the conduct of this analysis the Assistant School Medical Officers have done a great deal of careful and painstaking work. The following are extracts from the notes of some of the Assistant School Medical Officers :—

Drs. Stooke and MacLean. Class C.—236; D—4 ... Total 240.

Incidence high in two parts of this district.

1. A poor town area with low and variable incomes;
2. Outside boundary of new housing district, with high expenses for travelling and rental: also many unemployed.

Cause—mainly pathological—bronchitis, asthma, endocrine deficiency, acidosis. In many cases *pathological* and *financial* overlap.

Dr. King. Class C—455; D—19 ... Total 474.

Social: A complex group—

1. Low social status and ignorance;
2. Lack of interest and carelessness;
3. Spoilt only children;
4. Broken homes and an only parent or both parents working;
5. A small group in which the cause seemed mainly in the abnormal psychology of the child itself;

In many of these groups there is usually an associated dietetic factor, but social seems the main cause.

Financial: This is not so important a factor as it would be if there were no provision of meals. It only becomes important in those cases where meals are refused or where for some reason such as sickness or accident in the family there is an abnormal drain on resources. Most marked in the Junior School.

Nutritional state seems worse among boys than girls, attributed to less parental control in boys, so that greater physical exhaustion occurs.

Dr. Alexander. Total 312.

Class C—Slightly subnormal nutrition	257
Class D—Bad nutrition	... ... 55

Total 312

Pathological	...	...	193	61.8%
Social	...	...	65	20.8%
Dietetic	...	...	12	3.9%
Financial	...	...	42	13.5%
			312	

In the Pathological group Dr. Alexander found a number of children whose malnutrition could not be traced to any definite cause. As the majority of the parents put it, they had "always been thin." Many of them came from good homes where food was plentiful and where the children had extra nourishment, e.g., cod liver oil. It was possibly the result of past illness, perhaps quite early in life, with resultant lowering of vitality through temporary derangement of the glands regulating growth and development.

Regarding social causes Dr. Alexander comments forcibly upon the essential need for sleep and the disregard of this matter of hygiene in a quite substantial number of the children affected. In a smaller group over crowding was the prominent factor.

Where dietetic faults were considered of prime importance, it was obvious from the information given by the parents that the children were not receiving the proper quality of food, "pieces" and biscuits taking the place of a proper meal.

Almost three-quarters of the children in the "financial" group were in receipt of free meals. The parents of the remainder preferred to "manage" on their meagre resources. All were invited to apply for school dinners.

Dr. Benson Class C—1,026; D—19 ... Total 1,045.

With regard to sex the only characteristic distribution was in the pathological group, there being a definitely larger number of boys at "entrant" age and a preponderance of girls among the "leavers." It seemed definite that there was increased incidence of illhealth among infant boys and in girls approaching puberty.

The impression was gathered that financial causes loomed larger in the background than could honestly be shown in statistics without more detailed investigation than was possible in this analysis. The difficulty in proving poverty to be the cause in many borderline cases where there is intermittent unemployment suggests the expediency of provision of meals for payment. This has been encouraged too in cases where both parents go out to work.

Inferences from Analysis.

1. That while several factors are operative in the production of malnutrition among our children, the most powerful are shortage of food due to lack of means, and illness, present or past.
2. The position will not be met by the provision of food alone.
3. Those due to financial causes call for provision of extra nourishment, free or at reduced cost according to the degree of financial stringency present.
4. The pathological group provides a justification of the Authority's health activities in the schools—consultations at clinics, attention to teeth, provision of ultra-violet rays and open-air schools, etc.
5. In individual cases, many of them, both these chief factors may be found affecting the child's nutrition in varying degrees.
6. For these children both lines of remedy will be necessary—as notably in open-air schools. But this group seems to furnish a particular argument in favour of the provision of free milk apart from free solid meals where the income is slightly above the free meals scale although illness or convalescence calls for some extra nourishment.
7. There is a composite group, where the chief causes are social and dietetic. The most potent among the social factors is lack of sleep which results from a variety of causes, most of which are difficult to eradicate. Social causes are found in greatest numbers in the "slightly subnormal" group, but they are of considerable importance since the condition is steadily cumulative if unchecked. For the remedy here, it seems that we must depend upon the teaching in the school of general hygiene and cookery, and the activities of our clinics in supervising the health of the children.

8. The Milk in Schools Scheme seems to grow in value the more one looks at the numbers in these groups. This is not a direct inference from the analysis. While not sufficient in itself to meet the case in severe malnutrition, daily milk might reclaim borderline individuals, would greatly assist convalescents and slight pathological cases, and would enable the normal to establish a more sound reserve of health and a wider margin of safety.

UNCLEANLINESS

School Nurses have paid this year a larger number of visits per school than in 1937 for the detection of uncleanliness.

Some 400 more children than last year were found unclean, but having regard to the intensity of the campaign and the increasingly high standard demanded, this number is not of serious significance. The number of cases in which legal proceedings were taken under the School Attendance Bye-laws was 86 as compared with 126 in 1937.

It seems fair to infer that while detection is prosecuted with energy there seems less indifference on the part of parents so that, when warned of the condition, they quickly and willingly employ the remedies advised.

The number of individual children cleansed during the year ending 31st December, 1938, under arrangements made by the Authority, was 186.

DISEASES OF THE SKIN.

There has been some increase in the number of cases of skin disease found at medical inspections. The increase is slight in ringworm of the scalp and is of no serious significance in the other conditions except in the case of scabies. Here the increase is considerable. Every effort has been made to cope with the infection. In this direction particularly the activities of doctors and nurses have been willingly and ably re-inforced by the vigilance and assistance of teachers and attendance officers, both in detection of cases and in encouraging persistence in treatment. The Public Health Department has co-operated to the utmost both in actual treatment and in disinfection of homes and clothing. The weakness of the whole position is the inability to ensure or to enforce treatment for young adults. These keep the infection alive in the home so that even when we cure a child, re-infestation is liable to occur, as in fact, it so often does. An Authority on this point has recently pointed out an increased incidence in Scabies in September and October, attributing this to the effect of camps and holidays in general. This increase is fairly well borne out in our figures and justifies our present vigilance in the examination of all children selected for these purposes, for theatrical engagements and for delivery of newspapers.

EYE DEFECTS.

5,014 children were reported as suffering from defective vision, including squint.

These were discovered partly at routine medical inspection and partly at Special inspections, some of the latter conducted at the Clinics. Of these 5,014 cases, 4,262 were refracted, 3,730 at Clinics and 532 at Hospitals or by private practitioners, leaving some 750 on the waiting lists.

Spectacles were prescribed for 3,675 children and actually obtained by 3,660 of these. In 506 cases examined in the clinics no glasses were required.

Mr. Archer Hall, D.O., Ophthalmic Surgeon to the Education Committee, reports as follows upon cases examined by himself and Dr. Aldridge at Great Charles Street School Clinic:—

"During the year 1938, a total of 736 children have been examined by me at the Great Charles Street School Clinic, and glasses have been prescribed where it was found necessary, or fresh lenses ordered.

The number for whom spectacles were prescribed was 547, and this figure contained errors of refraction as follows:

Hypermetropia	...	181
Hypermetropic astigmatism		233
Myopia	...	44
Myopic astigmatism	...	130
Mixed astigmatism	...	9
		—
		547
		—

I found it necessary to recommend Partially Sighted education for 29 children, and education at the Royal Institution for Blind in one case.

During the period 51 reports were written on cases to the School Medical Officer and his Assistant School Medical Officers.

Twenty-one further patients with Squint were sent for treatment to the Orthoptic Department of the Birmingham and Midland Eye Hospital, and ten cases were referred for other forms of treatment to the same Institution.

Dr. A. W. Aldridge examined a further 1,502 children at the Great Charles Street School Clinic. For 575 he ordered or re-ordered spectacles as follows:—

Hypermetropia	...	238
Hypermetropic astigmatism		183
Myopia	...	74
Myopic astigmatism	...	77
Mixed astigmatism	...	3
		—
		575
		—

ORTHOPTIC TRAINING

It is now possible to report upon the results obtained by "fusion training" for cases of squint treated at the Birmingham and Midland Eye Hospital under arrangements made between the Authorities of that institution and the Education Committee.

These arrangements limited the numbers for treatment to "not more than thirty children"; actually twenty were selected.

The following statement shows the results obtained :—

- 7 were cured by "fusion training"
- 7 were discharged as unsuitable for "fusion training"
- 3 had operations performed
- 1 was advised operation
- 2 ceased to attend.

From the above data it appears that only 7 out of 20 selected cases of squint were cured by orthoptic methods. A further 7 proved unsuitable for this treatment only after a lengthy course of trial. It has seemed right, therefore, to advise the Committee not to renew the arrangements by which the Eye Hospital has carried on this treatment on behalf of the Authority.

NOSE AND THROAT DEFECTS.

In 1938 there was a slight increase in these defects as compared with returns for 1937. The increase was, however, negligible in those conditions in which operation is frequently resorted to: chronic tonsillitis, adenoids, and a combination of these two conditions. As evidence of the increasingly conservative attitude of the Medical Officers towards these defects it may be noted that while 17.6% of these children were kept under observation in 1937 instead of being advised operation, in 1938 the percentage was 23.7.

Observation in these cases is usually combined with some such measures as advice as to nasal hygiene in general and breathing exercises. Medical opinion to-day does not favour removal of the tonsils even when these are enlarged when there is no resultant disability or lowering of general health. Tonsils in this condition may still be performing an important moiety of their function of protecting the individual from infections of various kinds. When, on the other hand, tonsils are septic and are contributory to lowered general health or actual disease, the weight of opinion is in favour of surgical removal. In those cases where removal is indicated it is of the highest importance that the mouth, before operation, should be rendered as clean, surgically, as possible. Hence it is usual to insist upon thorough dental treatment before a child goes for operation.

1,103 children were operated on at the Committee's special clinic in Handsworth, 2 for enlarged tonsils only: 4 for adenoids only, and 1,097 for a combination of these defects.

AURAL

The following is an extract from the report of Mr. Gilhespy :—

"During the period under review, there has been an increase in the number of children attending with nasal symptoms, such as catarrh, obstruction to nasal respiration, these symptoms being accompanied by varying degrees of deafness, running ear or chest complaints. The chest conditions such as pneumonia, bronchopneumonia are often recurrent, and a history of several attacks of these diseases is given. The majority of these children have had their tonsils and adenoids removed, but require further investigation of their accessory nasal sinuses.

Closer co-operation with hospital service is necessary for such children requiring operative treatment as pointed out in the Report of the Committee of Inquiry into Problems relating to Children with Defective Hearing.

In reviewing this addition of new cases of nasal catarrh, one wonders whether there is a true increase in such cases or whether parents were not so observant at one time and failed to report them. I am of the opinion that nasal catarrh in children is on the increase in this city, despite the clearance of slums and improved housing conditions. Help in combating catarrh is given by Open-air Schools, classes for breathing exercises and exposure to Ultra-Violet light and also Diastolization.

Diastolization has been used in a large number of cases of nasal catarrh and has helped to improve a proportion of these. Certain of those cases who suffered from deafness as well showed an improvement in their hearing, a result which is in keeping with statistics found in children under the London County Council. They report that many children who had failed in their gramophone audiometer tests were able to pass them at a later date after a course of Diastolization.

On the ear side of the Clinic there is an improvement in the type of case dealt with compared with ten years ago. At that time many cases of very chronic offensive ear discharge were being treated, but such cases have lessened. The majority of the patients with otorrhoea give a history of onset in the first five years of life, so that the School Medical Service has no chance to help in the prevention of this complaint, which is always accompanied or followed by varying degrees of deafness. Ionization has been used considerably in the treatment of such patients and in suitable cases is the quickest method of establishing a dry ear.

No. of Examinations by Aural Surgeon	...	...	1,415
No. of Ionisation Treatments	...	...	279
No. of Diastolizations	...	...	496
No. of Mastoid Dressings	...	...	365
No. of other Aural Treatments	...	...	3,910

AUDIOMETER UNITS

The purpose of this organisation is to test the hearing of children in order to detect not only serious degrees of deafness but also the more moderate defects which are yet of a severity sufficient to prove a bar to a child's full participation in the advantages of education. Hearing may be tested in several ways. The answering of commands given in a forced whisper or the detection of the ticking of a watch at measured distances are common methods. Apart from their uncertainty these methods are slow, since each child must be tested separately. A suggested group test which has some advocates is the reading of a special piece of dictation so chosen that it contains all those sounds which are most difficult to hear. This method has the drawbacks that only small groups can be taken because all must be equidistant from the reader and, further, it is impossible to standardise the tone of the reader's voice. The gramophone audiometer is a gramophone with forty earphones so that forty children can have the hearing tested in one ear each at the same time. The record employed reproduces the human voice speaking a series of numbers in tones steadily diminishing in intensity. The children under test write the figures, as they hear them, on a special form. The instrument is standardised for use in a room which is quiet but not soundproof. One decibel is the smallest difference in the intensity

of sound that the ear is capable of detecting. The numbers on the special form or chart indicate the additional intensity in decibels required before the sound becomes intelligible to the person undergoing the test. The number thus marks his hearing loss. Since the tested person must know figures and be able to write them to dictation and must be able to maintain concentration throughout the series, the result of the test depends to some extent upon educational attainment and intelligence. For these reasons it is not so certain for children below eight years of age or for mental defectives.

The audiometer unit is a team comprising an Aural Surgeon and a Nurse. The Nurse employs the audiometer to test children in groups of forty, referring to the Surgeon for examination those whose hearing loss is above a certain level. The essential function of the Surgeon is diagnosis but it has been found that a considerable amount of simple treatment must be employed even in a diagnostic clinic, e.g., the removal of wax to ascertain whether wax alone is the cause of the defect in hearing.

In June, 1938, the Committee considered an interim report at the end of the Unit's first year of work. This report shewed that there was a considerable incidence of defective hearing among school children; and that the work of the Unit had brought the hearing of 45% of these defectives to such a level that their defect was no longer a bar to their progress in life.

A reasonable claim was advanced that this early treatment would tend to lessen the incidence of deafness in later life. After weighing these points and having considered the fact that so far it had been possible to deal with only the older children, the Committee decided to organise a second Unit so that its benefits might be extended to the younger children also. The same Aural Surgeon has been able to take charge of both Units.

Each child is tested in both ears. Hearing loss up to 6 decibels is considered to be within the limits of ordinary hearing. Should the hearing loss be higher than this in either ear the Child is noted as having failed in the test. All failures are submitted to a second test to discount any such factors as nervousness or inattention.

The accompanying statistics show the work of the two units since the beginning of this investigation in February, 1937, the second unit having been in operation since September, 1938.

1. Number of Children Tested. (Tests 1 and 2).

Boys Passed	21,909	Failed	1,289	(Failed 1 ear	958,	2 ears	331).
Girls	,,	21,667	,,	1,411	(	,,	368).
Total	,,	43,576	,,	2,700			

2. Number of Ears tested. (Tests 1 and 2).

Boys' Ears Passed	44,776	Failed	1,620
Girls' ,," ,"	44,377	,,	1,779
Total ,," ,"	89,153		3,399

3. *Hearing acuity for all ears.* (Tests 1 and 2).

A. -3 to +6.	B. +9.	C. +12 to +18.	D. +21 to +30.	+
89,153	381	1,827	1,191	

4. *Advice to, and treatment of, children who failed to pass tests 1 and 2.*

(a) Number of children who attended clinics for advice or treatment	...	...	...	...	...	2,152
(b) Number of children known to have received treatment from hospital or private doctor	...	...	...	...	...	72
(c) Number of children who are attending Aural Clinic	...	...	...	...	...	3
(d) Number of children who left school (age 14) before appointment was made for child to attend Clinic. These children have all been visited	...	...	...	...	...	22
(e) Number of children who left Birmingham before appointments to attend clinic were made	...	...	...	...	...	11
(f) Number of children whose parents refuse examination	...	...	...	...	...	27
(g) Number of children whose parents promised attendance but did not keep any of the three or more appointments made	...	...	...	...	...	43
(h) Number of children awaiting appointments	...	...	...	...	...	370
						2,700

Number of attendances made by children in (a)	...	...	2,456
Number of two hour sessions Mr. Naylor Strong has attended	...	...	112½
Average number of children examined per two hour session	...	...	21
Number of children treated at clinics by nurses	...	...	1,091
Number of home visits re surgical treatment made by nurses	...	...	109

5. *Analysis of ear defects in :—*

(a) 2,152 children who failed to pass Audiometer Tests 1 and 2 and have since been examined by Mr. Naylor Strong at one or other of the clinics, and

(b) 72 other children who, failing to pass tests 1 and 2, were taken to a hospital or general practitioner.

Attic disease	...	...	...	...	24
Chronic mastoid	...	...	...	...	52
Mastoid (post operation)	...	...	...	...	142
Retracted drumhead	...	...	...	...	661
Cerumen	...	...	...	...	577
Eustachian obstruction	...	...	...	...	70
Chronic suppurating otitis media	...	...	...	...	688
Sub-acute otitis media	...	...	...	...	88
Cerebral or other causes	...	...	...	...	83
Healed otitis media	...	...	...	...	627
Normal ears	...	...	...	...	293
Polypi	...	...	...	...	53
Foreign bodies	...	...	...	...	9
					3,367

6. *Surgical Treatment.*

- A. Number of children recommended for operation.
- B. Number of children who have had operation.
- C. Number of children who are awaiting hospital appointments.
- D. Number of children who have been taken to hospital or general practitioner and have been advised not to have operation.
- E. Number of children still being "followed up."
- F. Number of children whose parents refuse surgical treatment.
- G. Number of children who have left school (age 14).

<i>Type of Operation.</i>	A.	B.	C.	D.	E.	F.	G.
Mastoid	43	15	4	6	7	2	9
Tonsil dissection	59	13	8	—	25	4	9
Antral washout	8	2	—	2	2	—	2
Removal of polypi	8	3	3	—	—	—	2
Adenectomy	13	5	1	4	—	1	2
Exam. post nasal space	2	1	—	—	—	—	1
Eust. catheterization ...	4	2	—	—	—	1	1
	137	41	16	12	34	8	26

All parents of children awaiting hospital appointments and those being "followed up" with two exceptions are contributors to Birmingham Hospitals' Contributory Scheme.

7. *Final Audiometer Tests.*

Number of children who passed Final Audiometer Test ...	676
Number of children who failed Final Audiometer Test ...	919
Number of children who left school (age 14) before test ...	108
Number of children who left Birmingham before final test	22
Number of children who are awaiting final test ...	605
Number of children who have not yet been examined by Mr. Naylor Strong	370
Total	2,700

Mr. E. C. Naylor Strong, the Aural Surgeon in charge of these units, reports as follows:—

"The last year's working of the Audiometer Clinic has shown the success of 1937 to be maintained; more children have been treated this year than last, and the results obtained in alleviating their deafness and disability have exceeded expectations.

In a very large number of cases, particularly of deafness of mild degree, the parents have been not only unaware of deafness in their children but have also been unaware of aural disease which

has caused injury to the drumheads. In these cases we have been able to help in a large degree towards cure of these children. In nearly fifty per cent. of cases the hearing has been restored almost to normal.

In another class of case the parents have been instructed how to cleanse the ears and so enable us over a period of time to test and watch the progress of their cases.

The Audiometer Clinic has this last year become known and it is obvious that the results have been the subject of comment amongst teachers and parents, as the attitude of the parents visiting these clinics has been most helpful. Their co-operation is easy to obtain and the appreciation of results manifest.

It has been the policy of this Clinic to endeavour to obtain wherever possible the maximum functional results by a minimum of surgical treatment; these attempts have been fruitful.

From the year's results we have the sure knowledge that few, if any, cases of aural disease go unobserved and untreated and the net outcome of treating such cases in childhood is that adolescent and adult disease is eradicated to a great degree and the overall cost and finance and loss at those times is reduced to a very small percentage of what untreated cases would mean.

Some cases have unavoidably been subject to surgery and many have already been done at various hospitals.

Broadly the results are as follows :—

Total number of children tested	...	46,276
Total number of children failed	...	2,700
Total number of children retested	...	1,595
Total number of children passed	...	676

From these figures, although the retesting is not complete we have this year the certain knowledge that at least nearly seven hundred children have been enabled to regain hearing they had lost. In addition to this a large number of children have been enabled to hear to a useful degree.

I think that members of the Committee will easily see that this is an extraordinary result to obtain from so small a financial outlay and a work well worthy of their attention."

DENTAL TREATMENT

The organisation of the dental scheme has this year been subjected to the closest scrutiny and investigation. For this purpose visits have been paid to other Authorities to note for comparison and suggestion the methods in vogue in other areas. The conclusion has been reached

that in the main the scheme is well devised and that no major alterations are at present necessary. The general plan is good and is capable of meeting future needs by simple expansion rather than by any radical change. The principal need at the moment is increase of staff and this can be arranged as and when premises are ready for additional dental surgeries. Having regard to the fact that dental treatment is provided for children only, the equipment of the surgeries is sufficient and satisfactory except in the matter of dental engines, of which there are several of the old foot-driven type. This consideration has led the Committee to decide upon the immediate substitution of electric engines for those of the older type since the electric drills mean greater comfort for the child patient and less strain upon the operator.

Table A shows the work carried out at the various Clinics compared with the work of 1937.

TABLE "A"

Clinic	No. children in- spected	No. children requir- ing t'ment	1938		1937	
			Total Treated	%	Total Treated	%
Aston	6,593	4,649	2,846	61.2	2,828	51.6
Great Charles Street ...	10,148	8,971	3,814	42.5	4,282	37.8
Handsworth	6,785	4,928	3,273	66.4	3,430	48.2
Harborne Lane	9,136	5,998	4,830	80.5	4,419	63.4
Sheep Street	18,773	12,723	5,479	43.1	5,392	45.8
Sherbourne Road ...	8,238	5,136	2,641	51.4	2,381	36.0
Slade Road	7,834	5,405	4,379	81.0	4,112	61.9
Sparkhill	9,294	5,278	3,884	73.6	5,317	65.7
Yardley Green Road ...	8,831	5,992	3,825	63.8	4,521	44.5
Yardley Wood	5,444	3,672	3,267	89.0	484	24.3
Total	91,076	62,752	38,238	60.9	—	—
Total for Corresponding period, 1937 ...	110,474	75,986	—	—	37,166	48.9

No. of acceptances in hand at 31/12/38, awaiting appointments in 1939 = 1,740.
At 31/12/37 = 3,475.

Table "B" shows some analysis of the Birmingham figures for 1938 compared with 1937 and with the figures for England and Wales for 1937.

TABLE "B"

DENTAL INSPECTION AND TREATMENT.

Particulars	Birmingham 1938	Birmingham 1937	England and Wales 1937
1. Number of Dentists (expressed in whole-time service)	11	11	747
2. Number of children inspected	91,076	110,474	3,503,232
3. Number found to require treatment	62,752	75,986	2,469,623
4. Percentage (3 to 2)	68.9	68.8	70.5
5. Number actually treated	38,238	37,166	1,544,766
6. Percentage (5 to 3)	60.9	48.9	62.6
7. Average number of children treated per dentist	3,476	3,379	2,068
8. FILLINGS.			
(a) Permanent Teeth	19,374	19,023	1,187,821
(b) Each Dentist	1,761	1,729	1,590
(c) Per 100 children	50.7	51.2	76.9
(d) Temporary Teeth	271	325	105,317
(e) Each Dentist	25	29	141
(f) Per 100 children .... ....	.7	.87	6.8
9. EXTRACTIONS.			
(a) Permanent Teeth	25,164	23,147	545,631
(b) Each Dentist	2,288	2,104	730
(c) Per 100 children	65.8	62.3	35.3
(d) Temporary teeth	82,527	78,392	2,365,953
(e) Each Dentist	7,502	7,126	3,167
(f) Per 100 children	215.8	210.9	153.2

From these figures we may draw the following conclusions:—

1. Fewer children were inspected during the year because that number furnished enough work to occupy the time of the Dental Surgeons.
2. Of those found to require treatment, 60.9% were actually treated, compared with 48.9% in 1937.
3. Each Dentist filled more permanent teeth than in 1937, and more than the average per Dentist for the whole Country.

4. Each Dentist filled fewer temporary teeth than in 1937 and a much lower number than the average per Dentist for the whole Country. This is part of a recognised policy that "permanent fillings" should have precedence of similar work in temporary teeth.

The rise of the true acceptance rate from 48.9% to 60.9% is gratifying although the cause of this increase is not obvious since no new measure of propaganda has been employed. Inspection of the statistics in Table B. discloses some points of interest.

As compared with 1937, in 1938 the number of children inspected was less and the number requiring treatment was lower although the percentage was almost identical. The number actually treated in 1938 was slightly higher than in 1937—not a great increase, because the clinics were already working almost to capacity. If, however, the acceptance rate of 1937 had applied to 1938, there would have been some 7,500 fewer Children treated.

The only new factor in the situation was the Committee's payment of fares to and from the clinics in the case of children residing more than a prescribed distance from the clinic.

It seems reasonable, therefore, to infer that payment of these fares placed treatment within the reach of some 7,000 children who would otherwise have been unable to avail themselves of the facilities provided.

The aim of any well-conceived scheme of school dentistry should be to conserve, wherever possible, every permanent tooth, rather than to extract it. To make this aim possible it is essential that the interval between inspections should not be too long; it should be not more than 12 months and preferably somewhat less. If this interval is too long, many teeth are found in an irreparable state of caries and extraction must be resorted to. The interval elapsing between any two inspections at the same school in Birmingham cannot be decided by will or choice. It depends upon certain factors:—

- (a) The number of children in the schools served by the particular clinic;
- (b) The percentage of children found to require treatment;
- (c) The percentage of children who attend the clinic and actually receive the treatment.

Inspections are carried out with just sufficient frequency to ensure that they will provide enough work to keep the dental surgeon occupied for a short period, preferably about two weeks. Any longer period elapsing between inspection and treatment will tend to lose patients since they forget the matter.

There are only two ways of shortening this interval between inspections:

- (a) To increase the number of dental surgeons;
- (b) To limit the scope of the Service to certain age-groups of children or to particular areas of the City.

This latter method seems unfairly selective and fortunately finds no favour with the Committee.

RHEUMATISM.

The incidence of rheumatism has remained fairly comparable with that of the previous year, and methods of dealing with the disease remain, in outline, unchanged. Thus, apart from the work of ascertainment of cases done by the School Doctors at their schools and in the clinics, treatment, follow up and after care are undertaken by the Rheumatic Clinics of the Children's Hospital and Baskerville School. Added to this is work of the Hospitals, voluntary and municipal, in treatment of acute cases, and the supervision by Assistant School Medical Officers of children returned to ordinary elementary schools.

The two Municipal Hospitals report rheumatic children to this Department on their discharge from Hospital, and 245 cases have been reported during the current year. This enables the Officers of the School Medical Service to keep appropriate cases under observation and for suitable cases to be admitted to Baskerville.

Of these 245, which consist of cases of acute rheumatism, rheumatic fever, chorea, and other associated conditions, no less than 80 have some definite heart involvement.

The voluntary activities of the Society for the Care of Invalid Children are an additional and valuable aid in the anti-rheumatic campaign. This Society early appreciated that, in the treatment of rheumatism in childhood, prevention of heart crippling is the point of fundamental importance. For however our ideas and conceptions of rheumatism may vary, however opinions may change as to the efficiency of this or that subsidiary treatment or line of action, all are agreed upon the gravity of the conditions which may be, and so often are, produced by the disease in the hearts of children. The effective work in the Authority's School at Baskerville it is unnecessary to detail here, since it forms the subject of a special account by Dr. W. Carey Smallwood in that portion of this Report which deals with Special Schools.

Miss Baker, the Secretary of the Society for the Care of Invalid Children, gives the following details of the work of the Society:

"During the eight complete years that Haseley Hall, the Convalescent School of the Society has been open, there have been 292 girls admitted. 219 have been discharged as cured, and of these 219 it is reported that :

156 are doing well

24 are doing fairly well

8 relapsed but are now doing well

8 relapsed but are now doing fairly well

3 relapsed and are now away

4 relapsed and are being sent away again

1 died

15 lost sight of.

Additionally, during the last five years of boarding-out, we have treated 103 boys and girls. 85 were discharged as cured, and of these 85 :

- 50 are doing well
- 17 are doing fairly well
- 8 relapsed and are now doing well
- 1 relapsed and is now away
- 1 relapsed and is being sent away again
- 1 unsatisfactory
- 6 lost sight of
- 1 died.

TUBERCULOSIS.

Dr. Dixon, Chief Tuberculosis Officer reports :

"During the year 1938, the number of children dealt with at Yardley Green Road Sanatorium was 146. Of these 82 were males 64 were females.

Out of the 146 there were 84 who were admitted primarily for observation, 50 of which were discharged with no definite signs of tuberculosis, and 34 remained for treatment.

Of the 96 who received treatment, 57 were in Group I, 12 in Group II, 6 in Group III, and 21 in Group IV, i.e., were non-pulmonary cases. The non-pulmonary cases consisted of tuberculosis of the bones and joints, abdominal tuberculosis, peripheral glands, etc., and the majority of these children were treated in the artificial light clinic with excellent results."

Classification of Groups.

Group I.—Cases with slight constitutional disturbance, if any ; e.g., there should not be marked acceleration of pulse nor elevation of temperature, except of very transient duration ; gastro-intestinal disturbance or emaciation, if present, should not be excessive.

The obvious physical signs should be of very limited extent as follows :— either present in one lobe only, and, in the case of an apical lesion of one upper lobe, not extending below the second rib in front, or not exceeding an equivalent area in any one lobe ; or where these physical signs are present in more than one lobe, they should be limited to the apices of the upper lobes, and should not extend below the clavicle and the spine of the scapula. No complication (tuberculous or other) of prognostic gravity should be present. A small area of dry pleurisy should not exclude a case from this Group.

Group III.—Cases with profound systematic disturbance or constitutional deterioration, with marked impairment of function, either local or general, and with little or no prospect of recovery. All cases with grave complications (e.g., diabetes, tuberculosis of intestine, etc.), whether these complications are tuberculous or not, should be classified in this Group.

Group II.—All cases which cannot be placed in Groups I and III.

Group IV.—Patients suffering from non-pulmonary tuberculosis include :—

- (1) Tuberculosis of bones and joints.
- (2) Abdominal tuberculosis (*i.e.*, tuberculosis of peritoneum, intestines, or mesenteric glands).
- (3) Tuberculosis of other organs.
- (4) Tuberculosis of peripheral glands.

The names of all children who are found to present signs of active tuberculosis are reported to the Medical Department, as also are the names of all children on discharge from the Sanatorium. These are then kept under continued observation at the clinics or if unable to attend school, are entered on a special register.

TUBERCULOSIS (ALL FORMS).

NOTIFICATIONS, 1938.

Ages.	Respiratory System.		Nervous System.		Intestines and Peritoneum.		Other Forms.	
	Cases notified.	Deaths.	Cases notified.	Deaths.	Cases notified.	Deaths.	Cases notified.	Deaths
0	6	—	4	—	—	—	4	—
1	13	—	7	—	—	—	5	—
2—4	16	—	3	—	1	—	20	—
5—14	36	—	9	—	3	—	27	—
TOTALS	71	—	23	—	4	—	56	—

ARRANGEMENTS FOR TREATMENT AND "FOLLOWING UP."

There have been no changes in respect to these methods except that an increase in staff has made it possible to "follow up" defective children more closely. Payment of tram or bus fares to the clinics for parent and child living beyond a prescribed distance from the clinic has placed treatment more easily within the reach of families of low means. Children have thus been enabled to obtain treatment who in previous years, for financial reasons, found it difficult or impossible to make use of the services provided. It seems reasonable to infer that this has been a factor of real importance in securing an increase in the number of children attending for dental treatment.

490 homes were visited by School Nurses who paid in all 561 visits. It may be recalled that most of the "follow up" work by Nurses is done in the Schools, visits to homes being made chiefly by School Attendance Officers and Health Visitors, a co-operation which is of great value to the School Medical Service.

ULTRA-VIOLET LIGHT TREATMENT.

Although it seemed in 1937 that the clinics were working at or about full capacity in the administration of "sunlight" radiation, it has been possible during this year to increase by a small number the total of children treated.

It is perhaps significant that the increase of 136 cases shows no particularly selective distribution. That is to say, fairly similar types of disability are being dealt with and comparable benefit is being obtained. The following Table shows the type of case treated and results.

	<i>Number Treated</i>	<i>Cured or much Improved</i>	<i>Improved</i>	<i>No Better</i>
Debility	1,163	702	220	41
Rheumatism	151	95	32	6
Chorea	51	22	20	1
Bronchitis and Asthma	448	266	129	24
Nasal Catarrh, etc. ...	209	108	74	11
Enlarged Glands ...	67	43	17	3
Otorrhoea and Deafness	47	27	10	3
Blepharitis and Conjunctivitis	46	26	13	3
Anaemia	244	145	47	14
Chilblains	34	22	6	—
Alopecia	62	32	19	2
Impetigo	195	190	1	1
Other Skin Trouble ...	51	26	14	2
Total	2,768	1,704	602	111

The following figures for the chief forms of notified infectious disease for the past 15 years have been supplied by the Health Department :—

	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Scarlet Fever	....	2,219	1,852	1,709	1,510	1,521	2,413	2,397	2,761	2,544	2,639	3,297	3,591	3,981	2,644
Diphtheria	....	1,887	1,896	1,804	1,543	1,552	1,611	1,701	1,171	620	417	1,019	1,129	1,142	1,359
Cerebro-spinal Meningitis	11	7	10	12	15	14	25	31	26	24	17	38	27	55	
Anterior Poliomyelitis	39	11	38	15	6	6	9	3	17	10	5	9	11	1	14
Encephalitis Lethargica	282	92	89	53	41	27	10	18	23	25	12	28	23	19	14
Ophthalmia Neonatorum	413	335	395	409	530	522	596	617	319	176	558	658	812	962	1,106
Polio-Encephalitis	....	6	1	4	2	1	3	0	1	1	0	0	2	1	0
															2

These figures refer to cases of all ages, but as the greatest amount of infectious disease occurs before adolescence is completed, they afford a reliable index as to the general incidence in the school population.

IMMUNIZATION AGAINST DIPHTHERIA

This work is carried out with the approval of the Education Committee in the schools in school time by a Medical Officer of the Public Health Department.

19,300 children of all ages have been inoculated against Diphtheria throughout the City in the past year. Of these, 7,290 children received the immunizing injections in the Schools, while an additional 1,096 children of school age were dealt with at Welfare Centres or at the Council House. This gives a total of 8,386 children of school age immunized in the year. The total number dealt with was 19,300, the balance being children of pre-school age.

Treatment in the pre-school stage is of the highest importance, since at this period the death rate from diphtheria is particularly high. Since special efforts are being made to concentrate upon pre-school children, the Medical Officer concerned finds it possible to attend at schools only once per year, although, as indicated, children of school age will be treated readily at Welfare Centres or at the Council House. There is, however, the danger that children coming into the City from other districts may miss the Medical Officer's annual visit and, since their parents are unaware of the provision made, may be denied the protection available. Steps have now been taken to include all such children in the Scheme.

Since 1925, 122,500 children have been immunized. During that same period there have been no deaths from diphtheria among these immunized children, while there have been 952 deaths among those not inoculated.

Reactions following the injections have been relatively few and in no case has there been more than a transient local disability.

The accompanying Table shews something of the relative killing power of diphtheria: 358 deaths, most, if not all, of which might be classed as preventable.

COMPARISON OF DEATHS FROM ROAD ACCIDENTS AND DEATHS FROM DIPHTHERIA.

CHILDREN 0—15 YEARS OF AGE. BIRMINGHAM 1934—1938.

FATAL ROAD ACCIDENTS.

DEATHS FROM DIPHTHERIA.

Year	0—5 years	5—10 years	10—15 years	Total 0—15 years	0—5 years	5—10 years	10—15 years	Total 0—15 years	0—15 years	Year
1934	9	14	10	33	33	38	8	79	79	1934
1935	6	14	5	25	26	44	10	80	80	1935
1936	12	16	6	34	27	34	1	62	62	1936
1937	7	13	6	26	32	31	13	76	76	1937
1938	7	16	2	25	23	29	9	61	61	1938
Total	41	73	29	143	141	176	41	358	358	Total

PHYSICAL EDUCATION.

The accompanying report is given by Mr. MacCuaig and Miss Thorpe, Organising Inspectors of Physical Training :—

“Twenty years ago, the Board of Education issued their fourth Syllabus of Physical Training and began systematically to foster the development of Physical Training in the schools, partly by empowering and encouraging Local Education Authorities to provide centres and equipment for Physical Training, playing fields, school swimming baths, and to appoint organisers, and by giving special attention to the provision made by Training Colleges for the physical training of intending teachers.

The progress made in 20 years has been very real and substantial. The basis of the scheme of physical exercises remains the Swedish System of Educational Gymnastics, but, as the result of experience, this system has undergone considerable modification in four successive syllabuses in order to adapt it to the temperament and tastes of our people and to our facilities. It is generally agreed that the current syllabus issued in 1933 is a very great improvement on its predecessors. Its satisfying, joyous, and play-like activities, and its scope for team work, are admirable features, and its insistence on alertness, suppleness, poise, control and versatility are equally admirable.

No scheme of this kind, however scientific and attractive in itself, can be of very great value unless it is “put across” with understanding, enthusiasm and faith.

It can be stated that as a result of holding Day and Evening Courses for the further training of teachers almost continuously for 19 years, the various syllabuses have generally been skilfully and efficiently applied in the Committee’s Schools. Where the application is particularly spirited and intensive, the tone, poise and industry of the scholars are outstanding and reflected in their academic attainments. What has been said in regard to the 1933 syllabus, which is in use in schools containing children under 11 years of age, applies with even greater force to schools containing children over this age where local gymnastic schemes are used. The introduction of portable apparatus into about 100 senior departments about 6 years ago has been fully justified in several ways, notably in the attitude of the pupils, and the remarkable change in gymnastic dress. Apparatus exercises demand increased effort, determination, courage, and application of mind and body and add to the interest. Until recently, the apparatus has been used in the Assembly Halls in almost every school, but at the end of 1938, four fully equipped gymnasia were built for and occupied by Senior Schools and three halls were converted into gymnasia. Many more gymnasia are now being built and plans for others have been approved. Shortly, the number of departments with these modern facilities will justify the holding of special courses for teachers in the use of fixed apparatus such as wall bars, beams and climbing ropes.

One of the recognised deficiencies of Free-standing and Portable Apparatus schemes of physical training especially for boys is that it is impossible to provide hanging, climbing and general heaving exercises. These produce such strength and development of arm, chest and back, as is quite impossible to achieve without apparatus like climbing ropes, beams, wall bars and ladders.

In certain continental countries where somewhat similar fixed apparatus is extensively used, the fine development of chest, shoulders and arms has been frequently noticed. Notwithstanding the improved physique of the children in our schools, it is obvious to any observer, trained or otherwise, seeing children exercising stripped to the waist, that one of the chief needs of the great majority of them is to broaden and deepen the chest, and strengthen and develop the arms and shoulders.

The main developments which have occurred during the year may be summarised as follows:—

- (a) 12 courses for teachers have been held and 500 teachers have attended.
- (b) A scheme on Modern Dance Movement for Girls was introduced into Senior Girls' and Senior Mixed Schools.
- (c) A two years' course for 36 men Instructor-Leaders of physical recreation was begun in October. The first year course for women leaders begun in January was continued.
- (d) Four gymnasia, fully equipped with showers and necessary ancillary rooms, were completed for Senior Schools, one gymnasium for Aston Commercial and one for Handsworth Junior Technical School. Three Halls were converted into gymnasia with showers and plans were approved for building several other gymnasia.
- (e) The Metchley Physical Training Centre for teachers and leaders was opened early in the year and used regularly for various courses. This Centre stands on playing fields of 31 acres and is fully equipped with apparatus and has changing rooms and showers attached. It is a most valuable and thoroughly satisfactory Centre from every point of view.
- (f) Six experimental recreative physical training centres for young people were opened in the City. Membership is not dependent on attendance at a grouped course.
- (g) A scheme for providing approved voluntary organisation with leaders of physical recreation was initiated by the Local Education Authority, 28 leaders were appointed.
- (h) One new municipal swimming bath was opened in Kingstanding.
- (i) The Athletic Institute was visited by Mr. Kenneth Lindsay, Parl. Secretary to the Board of Education. The advanced men's class from this institute gave a demonstration in the Royal Albert Hall, London, in March, on the occasion of the visit of the Swedish Olympic Games Gymnastic team.

- (j) The National Fitness Campaign was opened in Birmingham with a demonstration in the Town Hall in March, presided over by Earl Stanhope, then President of the Board of Education. Demonstrations of post school physical recreation were provided by various classes under the auspices of the Education Authority.
- (k) 50,000 pairs of shoes were supplied to senior and junior departments.
- (l) Two new playing fields were acquired representing an area of 24 acres making a total of $110\frac{1}{2}$ acres for secondary school pupils, and $362\frac{1}{2}$ for elementary school pupils."

PROVISION OF MEALS.

Close attention has been given to the menus of the meals supplied to necessitous children during the year but no changes have been thought necessary in their composition. The milk at mealtime is well taken by the children and has not been found to interfere in any way with their appetite for the solid meal. Nor has it been found that any except a very few individuals expressed any distaste for milk as a drink. Children are notoriously suggestible and in no direction is this more marked than in the taking of food. Dinner is the job of the moment, the reason for being there at all; this, with the example of those around and the cheerful certainty of our Cooks that dinner will be eaten, goes far to prevent or to remove the fads of the individual.

The number of meals given during 1938 was 1,167,212, compared with 733,980 in the previous year. The inference that this increase means a greater amount of destitution should be made with caution. There are two other factors to consider. First, even greater efforts than formerly have been made to discover children whose school progress or physical condition, coupled with insufficient family finances, rendered them in need of this assistance. Second, the objection to free meals as an undesirable form of charity is passing away from the minds of the people and its passage is actively encouraged by the attitude of all who have to deal with the parents and children concerned.

MILK IN SCHOOLS SCHEME.

The accompanying table shows the number of children having milk in Schools in some form up to October, 1938.

" MILK IN SCHOOLS " SCHEME : SUMMARY OF RETURNS MADE BY HEAD TEACHERS.

Returns for October, 1938—Line (a)
 " March, 1938—Line (b)
 " " October, 1937—Line (c)

Type of School	No. of Children on register	No. of Children receiving Milk under the Scheme of the Milk Marketing Board			No. of Children receiving Milk under other arrangements			Total Percentage	
		Free	For payment	Total	%	Free	For payment	Total	%
Elementary ...	(a) 129,643 (b) 132,050 (c) 131,955	4,323 † 2,478 250	52,701 53,384 52,989	57,024 55,862 53,239	43.9 42.3 40.34	154 196 246	3,453 5,003 3,751	3,607 5,199 3,997	2.8 3.9 3.02
Special ...	(a) 2,448 (b) 2,298 (c) 2,304	1,610 1,476 1,413	625 578 588	2,235 2,054 2,001	91.3 89.4 86.8	149 151 145	— — —	149 151 145	6.1 6.6 6.3
Nursery...	(a) 132 (b) 136 (c) 138	— — —	8 63 138	59 71 138	44.7 46.2 100.0	— — —	73 73 —	73 73 —	55.3 53.8 —
Secondary and other Schools for Higher Education ...	(a) 6,534 (b) 6,218 (c) 6,107	— — —	2,048 1,832 1,780	2,048 1,832 1,780	31.3 29.5 29.1	— — —	— 21 31	— 21 31	100.0 100.0 100.0
Total ...	(a) 138,757 (b) 140,702 (c) 140,504	5,933 3,962 1,663	55,433 55,857 55,495	61,366 59,819 57,158	44.2 42.5 40.7	303 347 391	3,526 5,097 3,782	3,829 5,444 4,173	2.76 3.9 2.9

† The figure for March, 1938 does not include all pupils who were absent but who otherwise would have received free milk.

* Includes children at Shenley Fields and Erdington Cottage Homes.

15th October, 1938.

Efforts to increase the consumption of milk have been maintained throughout the year but it will be noted that they have resulted in an increase of only 3.3% on last year's consumption.

The aim of the Committee in urging an increased consumption of milk is two-fold; to prevent malnutrition when it is likely to occur and to cure it when it appears. The problem is therefore to encourage the consumption of milk among those who, while able to secure it, are inappreciative of its value, and to decide to what extent and on what grounds milk should be provided free to those in less favourable financial circumstances. The operation of the Scheme is a voluntary activity on the part of the teachers. In spite of their enthusiasm and ungrudging work milk consumption in schools has come to an almost stationary point, so that it is necessary to consider what additional measures might be effectual in securing further increase.

An attempt has been made to ascertain to what extent poverty influences the consumption of milk and whether, if free milk were given on a scale more generous than that determining free meals, the needs of the under-nourished would be met. Many children who come from homes apparently so poor that they cannot afford 2½d. per week for milk at school, can yet find money for sweets and the cinema. Reasons for this are not far to seek. A child will coax money for sweets or cinema when he will not trouble to do so for milk. As one Head Teacher says, "To many children a visit to the pictures is a thrill, a bottle of milk is not, and no amount of propaganda will make it so." Decision as to the free issue of milk in cases definitely necessitous seems already made for us. There remain, however, many borderline cases. Experience in our clinics shows that there are many instances where the family is just above the income level which qualifies for free meals, yet in which it is impossible to provide money for additional milk. Such a condition is brought more notably in evidence during convalescence. Here there seems a case for free milk on a scale somewhat higher than that for free meals.

Reference to nutrition statistics given elsewhere in this Report will show that of over 39,940 children examined during the year 2,572 (6.5%) were found to be suffering from some degree of malnutrition. If this 39,940 be taken as a representative sample of the Elementary School child population of the City, we have, in Birmingham, some 8,554 children who are under-nourished. Analysis of the causation of this malnutrition indicates that 38.3% of the cases are due to financial causes. We thus have about 3,276 children financially unable to secure relief of their subnormal nutritional state.

Apart from any financial consideration there are many other factors of greater or less potency which are held to influence the consumption of milk in schools.

Many children are stated to be unable to drink cold milk; others prefer a flavoured preparation; some take lunch to school and will not drink milk; some of the older boys consider they have outgrown milk drinking.

In regard to these various views and objections certain general observations may be made :

1. No natural milk is really safe unless pasteurised ;
2. Warming of the milk is harmless if it is done *quickly* ;
3. Dried milk is of less nutritive value than fresh natural milk if the full amounts indicated are not used in its preparation ; While dried milk is deprived of its vitamin C, it remains little altered in its content of vitamins A and B ; If, by recourse to a milk powder, milk consumption in a number of schools could be materially increased, such a step might well be justified ;
4. Milk, with perhaps a biscuit, is preferable to a carried lunch in the middle of the morning, since its vitamin value is likely to be much greater and it is less likely to deprive the child of appetite for the mid-day meal.

Having considered all available evidence on these matters the Committee have approved a series of experiments in various schools designed to discover the most effective lines of propaganda which will encourage greater appreciation of milk among children and their parents.

These experiments will form the subject of a special report in the Autumn of 1939, and future action will be guided by the experience of the next six months.

CO-OPERATION WITH OTHERS.

It is gratifying to be able to record the ready and efficient help and co-operation afforded by a variety of individuals and organisations. It is particularly gratifying because such co-operation indicates not a weakness in the Service itself but an ever-widening scope of usefulness which brings it into intimate and vital touch with the work of others. The help given by Attendance Officers has been of very great value both in carrying on routine activities and in bringing to light individual cases where special supervision of health was necessary. The unsparing work of Teachers, individually in the schools and collectively in Parent-Teacher Associations, is of notable importance. It not only helps materially in routine work but also assists in maintaining personal touch among those actively concerned with the health of our young people - teachers, doctors, parents and children.

Private Practitioners, Visitors of boarded-out children, Juvenile Welfare Workers, the Children's Country Holiday Society, and the Society for the Care of Invalid Children, have all rendered willing and highly appreciated co-operation in the efforts to secure and to safeguard the health and well being of the children of the City.

SPEECH TRAINING CLASSES.

Severn Street.

The number of children admitted to the Classes in 1938 is greater than in previous years and the results are consistently good. Also, reports on children discharged previously show an increase in the number who achieve a *permanent* cure. The continued improvement made by stutterers under the age of 8 years proves the advisability of treating

these young children either by regular classes or by keeping them under observation so that parents and teachers can be advised as to the methods which should be adopted in dealing with them. The group classified as "Failed to continue" is longer than usual. This is partly due to difficulties arising out of the distance of the Centre from most of the homes, these difficulties having of course, been aggravated by the severe weather experienced during the closing weeks of the year; also many families have recently transferred from central to suburban districts so that it has been difficult to trace several of them.

During the year 2 children were transferred to a school for the Deaf, 1 to an Open-Air School, and 1 to a school for the mentally defective. It has recently been possible to arrange for closer co-ordination between the medical and educational aspects of the work, and all cases are now medically examined on admission to a class so that any other necessary treatment may be carried out simultaneously with the Speech Therapy. It has been found that a number of the cases require remedial exercises for postural defects, treatment for nasal obstruction, dental decay, errors of refraction, etc. Several of the children have been recommended for admission to a residential Open-Air School. In several other cases stimulation of intelligence quotient has been proposed. Co-operation with the Child Guidance Clinic has been maintained.

A number of the children with speech defects reveal a definite reading or spelling difficulty, and individual coaching is at present being given to 10 such cases.

An attempt is being made to find a suitable term in place of "other defects" but as yet a word both comprehensive and accurate has not been approved.

In spite of the increase in the numbers admitted there is still frequently a serious delay both in carrying out an initial interview and in admitting those certified as suitable for treatment. It is now probable that many cases are neglected. In order to ascertain to what extent the speech training service adequately supplies the needs of the City, it is hoped that a census may be taken of all children suffering from speech defects both in elementary and secondary schools, and of those who have had or are having treatment. When this is complete it may be necessary to modify the present organisation of the classes.

1. Number on Register at 1st January, 1938.

				<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Stutterers ...	...	...	...	59	7	66
Other Defects ...	...	...	...	14	8	22
				73	15	88

2. Number of Children Admitted during 1938 :

				<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Stutterers ...	...	...	...	56	12	68
Other Defects ...	...	...	...	25	7	32
				81	19	100

3. *Number of Children "Kept under Observation" during 1938:					Boys.	Girls.	Total.
Stutterers ...	...	...	...	...	33	7	40
Other Defects	...	...	...	...	20	5	25
					53	12	65

* This includes children discharged from treatment but still in school, and also those not admitted for regular classes.

4. The Children were Discharged as follows :

		Stutterers.	Other Defects.	Total.
Provisionally Cured	...	19	11	30
Much Improved	...	15	7	22
Slightly Improved	...	5	2	7
Failed to continue...	...	14	7	21
		53	27	80

Montgomery Street.

As at Severn Street regular medical visits have been carried out. 8 of the most needy and delicate children were sent away to country or seaside through the Children's Country Holiday Society or the Hospital Saturday Fund. 2 others were transferred to Special Schools for the Deaf, and 2 others were transferred to Special Day Schools for mental defectives. In several other cases detailed intelligence tests were carried out by the Medical Officer, and were found useful in distinguishing between real mental retardation and mere emotional inhibition.

Investigation into Left-handedness.

This investigation is being continued and the co-operation of several Head Teachers has been secured, in order to determine whether the percentage is equally high among children of normal speech who shew no neuropathic tendency. Up to date, returns have been received from one Senior Girls' and one Senior Boys' School.

In the Senior Girls' School, a group of 100 girls aged 12+ was investigated, among them 7 were still left-handed. 6 have been taught to use the right hand while in the Infants' Department. In all cases speech was normal except for one case of slight hesitation.

In the Senior Boys' School, approximately 400 boys aged 11 to 14 were investigated. Among them 27 were left-handed. Speech was normal in every case.

The Marionette Theatre.

This is continuing to be a source of great interest and value. The actual figures themselves are improving greatly, and are gradually gaining more likeness to real human types while we are learning more about the best methods of stringing and manipulation. Several plays have been released and some of the boys have shown a real aptitude and cleverness in manipulation. There is no doubt that this work has great value for the type of child with whom these classes are concerned.

		Stutterers.	Other Defects.	Total.
Potentially Cured ...	...	3	—	3
Much Improved	...	26	14	40
Slightly Improved...	...	29	19	48
Treatment Incomplete	...	12	3	15
		70	36	106

40 new cases were admitted during the year.

Speech Training Classes at Children's Hospital.

For some years past the Education Committee have made a grant to the Committee of the Children's Hospital in aid of the speech training classes conducted by the Hospital Authorities. This grant is in respect of Birmingham children who attend for the correction of speech defects due to hare lip or cleft palate, the children being between the ages of 5 and 14 years. Attendance at these classes is permitted by the Board of Education to be counted as attendance at school. Twenty-six children were treated throughout the year. As in previous years the classes were visited by the School Medical Officer and one of the Committee's Inspectors of Schools. The methods employed are notable for their energy and freshness, so that the children's participation in the work of the classes never becomes merely mechanical or routine. The standard of the speech training here is high and the results are satisfactory.

Further Development of the Work.

It is urgent that more centres shall be provided in order that the children shall have shorter distances to travel, and also that closer touch with parents and teachers may be maintained.

Another need is some means of making a record of speech in order that one may assess the child's progress. At present assessment is difficult; it is dependent on the impressions of the Speech Therapist, the Teachers, and the parents, each of whom may affect the child differently.

A gramophone record or similar device would give a much more reliable indication of progress.

CHILD GUIDANCE CLINIC.

The following is a report by the Medical Director of the Child Guidance Clinic:—

"The chief development during the past two years has been the removal of the Clinic to new and larger premises, in April, 1937.

Having been housed in two, and latterly three rooms, which formed part of Sheep Street School Clinic, for its first five years, the Clinic now finds itself in a detached house with seven rooms and a small garden, at 45, Lee Crescent, Edgbaston.

The number of cases referred has remained very constant for each year, showing however a marked rise for the past two years as shown in the following table:—

1932	1933	1934	1935	1936	1937	1938
182	171	166	172	167	250	235

ANALYSIS OF NUMBERS TREATED, ETC., 1937—38.

Number Referred	...	...	...	...	...	250
Diagnostic and partial treatment	...	...	...	...	...	95
Unsuitable, M.D., or failed to attend	...	...	...	...	...	36
Accepted for full treatment	...	...	...	...	(119)	119
Carried over from previous year	...	...	...	...	...	57
Total for full treatment	...	...	...	...	...	<u>176</u>

The sources of referral for the past year are given below:—

Sources of Referral.	No.
Medical Officers	50
Special Schools Department	15
Head Teachers	77
Juvenile Courts	16
Parents	23
Attendance Officers	8
Hospitals	24

			No.
Birmingham Citizens' Society	...	...	1
Birmingham Society for the Care of Invalid Children	...	...	4
Juvenile Employment and Welfare Department	...	...	2
Higher Education Department	...	...	1
Speech Classes	...	...	10
Social Agencies	...	...	11
Private Doctors	...	...	5
Infant Welfare Centres	...	...	3
			—
Total			250

Certain new developments have been possible owing to the expansion of work during the past year.

In April, 1938, Miss M. A. Keith, M.A., B.Ed., Edinburgh, was appointed full-time Psychologist. Miss J. W. Dove, who had served as part-time Psychologist since the inception of the Clinic, was required full-time for the work of the Special Schools. Her skill and tact in dealing with children, and her excellent relationship with the schools, have played a big part in the success of the work of the Clinic.

This new appointment marks also a certain change in the policy of the Clinic. It was felt that the full observation and study of cases by the Psychologist should include not only testing and remedial coaching, but also observation in the play-room.

The organisation of the playroom both for observation and treatment was undertaken for a period of eight months this year, by Miss P. Traill, B.A., who came to us on loan service from the Institute of Child Psychology in London.

This period proved to be a brilliant demonstration of the results to be obtained by the technique which has been evolved by Dr. M. Lowenfeld during the past ten years. Play in its broadest sense is for the child a most vital activity, through which he familiarises himself with the external world, develops his personality, and relieves his inner tensions and conflicts. Through play too, the child reveals much of his inner life—his feelings, desires, and imagination, which he may be unable to express in words; and by becoming aware, through gentle and tactful handling by the Play-therapist, of what his inner life consists, he is able to achieve understanding and control of those feelings which have been as it were bottled up inside him.

Apart from this of course, a well-run playroom is a necessity for a Child Guidance Clinic, as play in itself has such curative value for children, giving them an outlet for their interests and creative abilities. Town children particularly live under very artificial conditions in this respect.

One of the chief pieces of "apparatus" used in the play-room consists of a large tray with sand, either dry or wet, and a varied assortment of leaden figures, of people, soldiers, animals wild and tame, as well as trees, houses, fences, etc., with which the child creates the "world" of his fancy.

It is fascinating to watch through a successive series of these "worlds" how a child reveals a picture of life as it is to him, changing in its aspects as treatment proceeds. Cases which had proved refractory to all other efforts have responded rapidly and effectively to Miss Traill's treatment.

It is often said that there are really no problem children but only problem parents; this is an exaggeration of the truth, as there are many other factors besides the parents in the production of neurosis or behaviour disorder in children; besides, the problem of the parent is not necessarily one of neurosis requiring active treatment, but there are certain cases where this is imperative. Thanks to the voluntary services of two psychiatrists, the treatment of parents at the Clinic is now possible. The advantages of having this carried out on the premises are various, but principally it is a case of unification and co-ordination in the treatment of the family situation,

This report has not analysed the types of cases referred. These are generally described under the two main divisions of "nervous" cases on the one hand, and "behaviour problems" on the other; but the classification of cases, whether by virtue of the manifold symptoms for which they are referred, or by diagnostic labels such as "anxiety-neurosis," "hysteria," etc., is so complex, and different types merge so much into each other, that one is tempted not to attempt any such analysis.

There are some complaints that recur with monotonous regularity, and there are some which provide picturesque exception. We have recently had, for example, cases referred for:—(1) Attempting to set fire to a Church. (2) Slitting mackintoshes in the street (rubber aprons have provided an expensive outlet for this compulsion at the Clinic). (3) Running away in railway trains. (4) Threatened suicide. (5) Hitting father on the head with a spanner.

It is often said that Child Guidance is still in its experimental stage, and that only time will show whether it has any real value. It might be said in reply that any art or science which deals with human beings—whether it be politics, education, or medicine—will always be in an experimental stage, with constant new theories and developments, often re-discovering ancient truths under new forms.

From a practical point of view, however, we can look at the spread and consolidation of Child Guidance in order to arrive at some estimate of its value.

The first "Child Guidance Clinic" was started in London in 1930; the total number of Clinics listed in the Child Guidance Council report for 1937 is 46.

The Birmingham Child Guidance Clinic started six years ago as the first *Municipal* Clinic; now there are 13 Clinics in Great Britain wholly maintained by a Local Authority.

The more practical-minded however always ask for results, which in the case of an institution of this kind means "cures." Now a doctor is very chary indeed of using such a word as "cure" even when dealing with cut and dried conditions—he knows that he is but an agent in helping on the *vis medicatrix naturae*. Far more is this the case when we are dealing with conditions which affect the whole personality, body and mind, of the individual. Here total figures mean little because it is not always possible to say to what extent Clinic procedures have contributed to the improvement which takes place, or how permanent that will be in years to come.

We find that roughly speaking about 75 per cent. are discharged as being sufficiently adjusted or improved, and so do most Clinics. The test however is one of quality rather than of quantity. It is more important to be able to point to a small number of cases, showing very serious symptoms of maladjustment, who have become well adjusted in themselves and to their surroundings, and have remained so for a number of months or years after treatment, than to be able to claim a percentage of total results."

MOSELEY ROAD REMAND HOME.

During the year ended 31st December, 1938, 551 boys were admitted to the Remand Home of whom 332 were Birmingham boys and 219 were from neighbouring areas.

186 boys were examined by the School Medical Officer on committal to approved school or on remand for special examination.

Considerable improvement has been effected in the medical arrangements at the Home.

Dr. Turnbull now pays a daily visit and not only attends to cases of sickness but examines every boy within twenty-four hours of his admission, and again within twenty-four hours of his leaving the Home. Arrangements are made for boys to be segregated on admission until they have been examined by the Medical Officer. Structural alterations have been approved which will still further improve the arrangements.

The period of retention of any boy in the Remand Home should be short, should not in fact exceed three or four weeks. It was found, however, that difficulties of disposal in the case of boys committed to approved schools considerably lengthened this period in several instances. Boys in a Remand Home require occupation and many of them are of poor educational attainment. Since May, therefore, arrangements have been made for a visiting teacher to be in attendance on each week-day for a period of two hours.

COTTAGE HOMES.

A satisfactory standard of health has been maintained in both Erdington and Shenley Fields Cottage Homes throughout the year. Mr. and Mrs. Bryan retired from their posts of supervision at Erdington Cottage Homes, their places being filled by Mr. and Mrs. Phillips.

During 1938 the following numbers of children were resident in these Homes:—

		Admitted	Discharged
Erdington	...	256	271
Shenley Fields	...	176	173

SUMMER HILL RECEIVING HOMES.

The Homes accommodate 147 children. During the past year, 1,286 children were admitted and 1,202 were discharged. The incidence of illness both infectious and non-infectious has been markedly lower than in 1937.

Thus:

	1937	1938
Transferred to Hospital for infectious diseases ...	14	3

The number of cases of minor illness requiring to be nursed in the Home has also been considerably less during the past year than in 1937.

BOARDED-OUT CHILDREN.

At the end of 1938 the total number of boarded-out children was 566. The greatest care is taken in selecting suitable homes and foster-parents for these children who are inspected and examined at intervals by the Committee's Medical Officers. When necessary, treatment is arranged for either at Hospitals or by private practitioners.

CAMP SCHOOLS.

Year ended December, 1938.

	<i>Blackwell. (Girls)</i>	<i>Bell Heath. (Boys)</i>	<i>Stansfeld. (Boys)</i>
No. of weeks Camp Schools open	40	40	42
No. of children who spent a period at a Camp School	1,015	1,001	509

All the children who stayed at a Camp School were seen by a Nurse at their School prior to their visit to Camp.

NURSERY SCHOOLS AND CLASSES

Children attending these schools and classes are inspected by an Assistant School Medical Officer every month, a more exhaustive examination being carried out three times in the year.

In addition, a Nurse attends for some part of each day to carry out treatment of minor ailments and to maintain the general supervision of the health of the children.

Dr. B. S. Alexander reports as follows on the Summer Lane Nursery School and the Nursery Classes at Dartmouth Street:—

			<i>Summer Lane</i>	<i>Dartmouth Street</i>
"No. on Roll	...	...	74	63
Routine Examinations	...	...	69	67
Special Examinations	...	...	3	9
Re-examinations	...	...	9	12
Defects at Monthly Visits	...	...	8	24
<i>No. of Infectious Diseases</i>				
Chickenpox	...	...	1	12
Whooping Cough	...	...	15	8
Scarlet Fever	...	...	3	1
Mumps	...	...	8	5
German Measles	...	...	1	—
Measles	...	...	—	2
Diphtheria	...	...	1	1

Summer Lane Nursery School.

During the year eleven children were admitted who were under weight. All, except one, have gained. Seven children received ultra-violet ray treatment for rickets, debility or bronchitis. Seven were operated on for tonsils and adenoids, and those who went to the Midland Hospital speak very highly of the attention received there. The Staff at this Hospital have been most helpful, and have admitted the children very soon after I have recommended them. A child with cleft palate is

attending the Children's Hospital. Exercises for flat feet are being received by one child at the Infant Welfare Centre. A suspected case of tuberculous abdomen was examined by Dr. Dixon and found to be negative. One child had a circumcision operation. All children—except 6—recommended for dental treatment were treated.

Four children have been immunized against diphtheria.

The Nurse in charge has done 1,200 dressings throughout the year. These consist of minor eye and ear defects, impetigo, and sores of all kinds.

The children all received dinners, milk, and cod liver oil at the school.

Dartmouth Street Nursery Classes.

The children requiring artificial sunlight treatment go to Sheep Street School Clinic for it. Thirty-two cases have had ultra-violet rays with marked benefit. These were children suffering from bronchitis, rickets, and general debility. A permanent fixture of an ultra-violet ray lamp in the school would be a great boon to the children, as they require all the sunshine they can get—artificial or otherwise.

Dressings have been done to the number of 1,808 by the Nurse. Two children were operated on at the Hospital for tonsils and adenoids. Nineteen children received dental treatment. Nine have been immunised against diphtheria. The children all receive dinners, milk, and cod liver oil at school, those being exempt from payment where older members of the family receive free meals."

Tiverton Road Nursery School.

Dr. M. C. Winter reports as follows:—

" No. of children on roll	...	...	60
No. of routine examinations	...	...	80
No. of special examinations	...	...	11
No. of re-examinations	...	...	45

The following statement shews the number of Defects found:—

	Routine Examinations	Special Examinations
Impetigo	...	1 0
Other Skin diseases	...	2 1
Minor Eye diseases	...	0 2
Ear diseases	...	1 2
Squint	...	2 0
Defective Vision	...	0 0
Enlarged tonsils	...	3 0
Enlarged tonsils and adenoids	...	7 0
Enlarged glands	...	0 0
Bronchitis	...	5 1
Deformities (flat foot)	...	4 0
Other diseases	...	2 3
Minor injuries	...	0 2

The treatment of minor defects of the skin, eye and ear, has been carried out by the Nurse at the School.

One skin disease was treated at the Harborne Lane School Clinic.

Two cases of squint attend the Eye Hospital for treatment.

One child had a mastoid operation performed in Selly Oak Hospital, and two other children with otitis media attended Hospital for treatment.

Nine children have been operated on in Hospital for removal of tonsils and adenoids and two are awaiting admission.

Four children have received Ultra-Violet Ray treatment at the Infant Welfare Centre, and two others have had a course of remedial exercises for flat foot at the Centre.

Cases of infectious disease have occurred during the year. There have been two cases of measles, eighteen cases of whooping cough, one case of mumps, and one case of scarlet fever.

The standard of nutrition is very good on the whole, although six children were found to be subnormal and one bad at routine examination.

All the children have dinners and milk at school, and all except one have cod liver oil during the Winter.

There has been close co-operation between parents and the staff at the school, as a result of which much of the treatment necessary for defects found in the children has been carried out."

A new Nursery School is in course of erection on a site at Brearley Street, adjoining the Summer Lane Council School.

Nursery Classes are being established in dis-used classrooms which have been specially adapted for the purpose at the following schools : Rea Street South, Steward Street and Tilton Road.

TRUANCY

Isolated occurrences usually mean little and are not especially noted by the Officers of the Attendance Department. Habitual truancy, however, is of some significance and in general is a manifestation of mental immaturity, of actual mental defect, or of real psychological abnormality. Defects in hearing or sight, backwardness or actual mental defect may make school work so irksome and trying to the child that flight results as a defensive reaction. In other instances truancy is only one of several manifestations of anti-social behaviour dependent upon deep emotional conflicts, in the child himself or reflected from others. In any case, behaviour of this kind should be dealt with not as delinquency but as an abnormal condition discovery of the cause of which may lead to cure.

On these grounds, therefore, and not because there has been any increased prevalence of truancy, all such cases are being carefully investigated by Dr. P. R. Kemp. Head Teachers and School Attendance Officers are co-operating in the work and furnish reports in the first instance. The parent is then asked to bring the child for examination by the Medical Officer.

Since the beginning of the investigation in October, 1938, 14 children have been dealt with. In 9 of these there was very definite evidence of faulty parental management and lack of proper training. Two of these 9 were mentally retarded, one was under-nourished, and one was of subnormal physique.

Of the other 5 children, one was mentally defective and 4 were mentally retarded to such a degree that they were referred for further mental testing.

The investigation is to be continued and any appropriate cases will be referred to the Child Guidance Clinic for treatment.

EXAMINATION OF CHILDREN FOR EMPLOYMENT.

3,315 children were examined during the year for certificates permitting delivery of newspapers or milk, according to the regulations set out in bye-laws made under the Children and Young Persons Act, 1933. These examinations are carried out by the Assistant School Medical Officers at the local clinics and serve as additional opportunities for observation of the health of our boys.

93 girls were examined for licences to take part in theatrical performances. For the most part this employment is dancing at pantomimes and occasionally at film displays. In some cases it has been necessary to provide a school-room on the premises of the theatre in which the education of the children could be carried on by day. In these circumstances careful inspection of proposed rooms, and also of the children's dressing rooms, has been made by one of the Committee's Inspectors and the School Medical Officer.

TRANSFERENCE OF JUVENILES FROM THE SPECIAL AREAS.

During the year 129 boys and 40 girls were brought to Birmingham under the Juvenile Transference Scheme and placed in employment, making a total of 1,199 boys and 143 girls transferred since the introduction of the Scheme in 1935.

The arrangements for supervising the health of these young people are the same as were detailed in last year's Report.

Although there is careful selection before transference, individuals are found who present signs of lowered vitality. In spite of this, health has been on the whole satisfactory.

DEATHS IN CHILDREN OF 5-15 YEARS.

The death rate of children in the decade from 5 to 15 years is always smaller than that of any other age period. The following table which covers the whole period since the War affords evidence of the general improvement in the health of the children of the City.

DEATHS OF CHILDREN AGED 5-15.

CAUSES OF DEATH CHILDREN 5-15	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938
Measles.....	8	24	19	11	5	13	5	9	2	8	3	16	6	22	3	6	5	6	4	6	1
Scarlet Fever.....	7	24	40	16	11	18	7	4	3	1	3	9	4	10	3	3	4	2	3	2	3
Whooping Cough.....	10	3	8	5	7	0	2	4	8	2	4	6	4	7	2	2	1	3	1	3	38
Diphtheria.....	87	63	95	64	49	60	51	39	64	37	38	41	34	36	17	15	46	54	34	44	1
Influenza.....	223	42	25	2	6	6	8	10	2	9	4	14	2	2	4	6	5	3	9	9	1
Pulmonary Tuberculosis.....	52	31	26	25	22	24	17	23	16	17	10	18	13	13	16	8	6	14	4	11	8
Meningitis.....	20	19	9	15	15	13	12	20	13	18	13	7	11	15	12	14	8	15	9	5	7
" Peritonitis & Intestines.....	9	16	5	6	7	6	3	5	6	9	1	6	2	3	0	1	3	0	2	2	0
Other Tuberculous Diseases.....	21	17	17	8	14	13	17	22	24	21	17	18	26	18	24	17	35	21	24	11	17
Rheumatic Fever.....	10	9	17	8	14	13	17	22	21	17	18	26	18	24	17	35	21	24	11	17	3
Cerebro-Spinal Fever.....	4	2	3	0	3	0	0	0	0	1	2	2	2	1	1	1	1	1	1	3	0
Heart Diseases.....	27	41	30	28	31	24	21	25	27	14	22	22	13	11	9	9	10	2	8	10	22
Bronchitis.....	10	11	5	3	4	5	0	4	3	6	1	3	0	0	1	1	0	0	0	0	0
Pneumonia.....	91	56	49	46	36	31	25	31	35	34	23	26	16	24	18	19	22	13	17	20	19
Appendicitis.....	16	25	20	15	13	14	13	11	10	13	10	9	7	12	11	14	13	13	14	13	6
Accidents.....	57	44	43	29	24	32	25	40	43	28	46	58	51	40	43	45	41	38	37	40	31
All Other Causes.....	86	99	110	89	80	99	88	79	89	96	78	104	77	66	96	92	90	73	74	75	69
Total.....	738	526	521	374	336	369	299	340	352	324	284	359	282	274	272	267	290	268	245	261	226

SPECIAL SCHOOLS

MEDICAL INSPECTION AND TREATMENT.

Routine medical inspections of children in the Special Schools have been carried out on similar lines to those in previous years, but since October 1st it has been found possible to arrange for the attendance of a School Nurse at every inspection. This ensures that preliminary testing of vision, inspection of clothing and hair and weighing and measuring are carried out on each visit. By revised methods of organisation a closer co-operation has been created between the Special Schools and the School Clinics so that treatment of defects found may be more readily arranged for and following-up rendered more complete.

The total number of children examined at the Day Schools for the Mentally Defective, Physically Defective, Partially Sighted and Deaf amounts to 1,365. As in previous years this figure does not include the large number of children seen on the more frequent visits to Baskerville and the four Open Air Schools.

OPEN AIR SCHOOLS.

The great value of the Open Air Schools in the treatment of a large number of different disabilities of childhood has again been demonstrated in the past year.

Cases of Anaemia respond favourably to the increased oxygen supply, the balanced diet, and the greater rest which are secured for the children, and malnutrition can be arrested, though the damage caused by inadequate feeding and unsatisfactory home conditions in earlier years cannot of course be entirely repaired.

An additional means of treatment at all the Open Air Schools will be that supplied by ultra violet radiation and it is hoped that it may be possible to instal mercury vapour lamps in due course. From a glance at the waiting lists it is clear that more Open Air Schools are required, and it is earnestly hoped that they may be provided.

RESIDENTIAL OPEN AIR SCHOOLS *Hunters Hill and Cropwood*

Asthma, Bronchiectasis, and chronic catarrhal conditions of the respiratory tract, among other conditions, invariably improve as a result of treatment at these schools, and it is common for asthmatical children who, before admission are said to have not had an undisturbed night's sleep for months, to respond so rapidly that they never have an attack at all while living at the School.

These two schools are also of immense value in the treatment of maladjusted children who are suffering from the effects of an unwhole-some mental atmosphere in the home; many disorders of conduct, and nervous symptoms of considerable diversity are cleared up entirely and we hope permanently.

It is proposed to carry out anti-diphtheric immunisation of those unprotected children in the schools whose parents will agree to this course being adopted.

DAY OPEN AIR SCHOOLS

Marsh Hill and Uffculme

Although it is not possible in the day open air schools completely to overcome the bad effects of adverse home conditions where they exist, and although there is the possibility of irregular attendance in the case of what are usually the most needy children to be reckoned with, the results of treatment in both schools continue to be excellent.

The sleeping-in arrangements for selected children during the summer months have been continued with success.

DAY SCHOOLS FOR THE PHYSICALLY DEFECTIVE.

Mr. F. Wilson Stuart, the Orthopaedic Surgeon has furnished the following report on his work at the two Day Schools for Physically Defective Children :—

"During 1938 five inspections were held at Little Green Lane P.D. School; 95 children were examined and 57 were treated in the school by Miss Turner, masseuse, and her successor Miss Gay.

3,123 treatments were given as follows : -

Massage and exercises	...	...	...	1,842
Electrical treatment	...	...	...	280
Radiant heat	...	...	...	1,001

During the year Miss Turner, who had done excellent work, left to get married. She was succeeded by Miss Gay who had already had much experience of orthopaedic work in Exeter and Coventry.

At George Street West P.D. School six inspections were held and 96 children were examined. 33 were treated in school by Miss Hogarth, masseuse, who gave 2,210 treatments as follows :—

Massage	...	...	...	616
Remedial exercises	...	...	...	586
Electrical treatment	...	...	...	536
Radiant heat	...	...	...	335
Hydrotherapy	...	...	...	137

It was found that use could be made of the bath at George Street West in the treatment of spastic paralysis. Experience gained over a period of years at the Paybody Convalescent Home, Allesley, where there is a bath in the gymnasium has shown that remedial exercises especially in the case of spastic children can be carried out much more effectively in warm water than in the ordinary way. Also in the case of infantile paralysis requiring muscle re-education it is much more effectively carried out in warm water.

Warm water enables the spastic child to relax his tight muscles much more easily and completely than he is able to do in the ordinary way ; and in the case of both spastic and infantile paralysis the force

of gravity is practically removed and the weight of the limb does not interfere with treatment to the same extent as it does when exercises are given in the erect posture."

BASKERVILLE RESIDENTIAL SCHOOL.

Dr. Smallwood, Consulting Physician, and Dr. Kemp select the cases for admission to Baskerville, and they both visit the school once a week at least. In special circumstances they visit more frequently.

Dr. Smallwood reports :—

"The work of the Baskerville School for Rheumatic children during the year 1938 has continued on very much the same lines as during the past two years. There has been increasingly close co-operation between the Medical Officers of the School and the Medical Staffs of those hospitals in the city to which cases of acute rheumatic carditis and chorea are admitted. The result has been that the interval between a child's discharge from hospital and its admission to the school has been considerably shortened; in this way these rheumatic children are receiving the proper rest, graduated exercises and medical and nursing care at a time when supervision is most needed. The admissions have been largely cases of frequently recurring chorea and children convalescent from recent rheumatic heart disease whose hearts are not so badly damaged as to make it unlikely that they will reach adult life and earn a living. The result of this selection of cases for admission has been that during the past few years the average period of residence of each child has fallen from about fifteen months to about nine months and that the lists of cases awaiting admission are very short or non-existent. The medical officers are confident that this change of policy regarding the admissions to the school has materially increased the value of Baskerville to the community in the management and treatment of juvenile rheumatism.

The introduction of a simple micro-method for the estimation of blood sedimentation has been of great value in assessing the amount of active rheumatic infection present in certain of the scholars whose lassitude, rapid pulse rate, pyrexia or joint pains have suggested that all was not well with them.

Two epidemics of infectious disease have occurred during the past year. Influenza broke out during the summer term and affected twenty-six children, one of these later developed mild acute carditis. During the Christmas term there occurred thirty-nine cases of streptococcal tonsillitis and pharyngitis, five of these subsequently developed acute carditis and were transferred to the Birmingham Children's Hospital.

In this connection it is gratifying that the Isolation Block has ceased to be merely a subject for discussion and mention in reports and is more than half way to completion. It is anticipated that when ready for occupation it will prove of real value in the management and reduction of infection in the school.

In September, 1938, an investigation was commenced into the comparative values of aspirin, proseptasine and simple symptomatic measures in the treatment of streptococcal throat infections and the prevention of rheumatic sequelae. Investigations along similar lines are proceeding in rheumatic colonies in the London district and in Bristol and it is anticipated that the results of the next two or three years' work when pooled will provide an authoritative answer to the question whether or no aspirin and the prontosil drugs are of any real value in the prevention of carditis.

Much of the work done at Baskerville during the past five years, the problems of the rheumatic colony and the after care and education of rheumatic children were discussed in a paper read by Dr. Smallwood at the International Congress on Rheumatism and Hydrology, which was held at Oxford in March, 1938. The communication was reported in full in the proceedings of the Congress (Headley, London) and has since been written up in the Zeitschrift Fur Rheumaforchung, August, 1938.

Finally, the medical officers to Baskerville wish to record their great appreciation of the work of the teaching and nursing staffs at Baskerville who during the past year have shown a keenness, skill and willingness to co-operate that has contributed so much to the efficient working of the school and to the health and happiness of its scholars."

SCHOOLS FOR THE PARTIALLY SIGHTED.

The following report has been supplied by Mr. Archer Hall, the Ophthalmic Surgeon, concerning the Day Schools for Partially Sighted Children :—

"During the year 1938, the three schools for Partially Sighted children have each been visited by me, on three occasions. At these inspections, consultations with the Head Teachers took place with regard to suitable books, lessons, etc., so that everything possible could be carried out, in a manner not in any way prejudicial to the vision of the pupils.

Also children were selected to come to the Gt. Charles Street Clinic for examination of the eyes, and for the prescribing of fresh lenses if these were found necessary.

In this way 102 children were examined at 12 sessions. In my routine examinations of sighted pupils, I had recourse to advise Part-Sighted education in 29 cases.

Below are shown the numbers admitted to the schools during the year, and those who have left or been transferred to other educational institutions."

The following transfers to and from the Schools took place:

							<i>Boys.</i>	<i>Girls.</i>
MOSELEY ROAD (P.S.) SCHOOL.								
ADMISSIONS	...	...	...	...	...	...	10	9
LEAVERS :								
Left—14 years of age	...	...	...	...	...	...	5	5
Transferred to Elementary Schools	...	...	...	...	...	...	1	1
Transferred to Monyhull School	...	...	...	...	...	...	—	1
Left Birmingham	...	...	...	...	...	...	—	1
WHITEHEAD ROAD (P.S.) SCHOOL.								
ADMISSIONS	...	...	...	...	...	...	8	4
LEAVERS :								
Transferred to Worcester College for the Blind	...	...	...	...	...	...	1	—
Left—14 years of age	...	...	...	...	...	...	—	1
Left—15 years of age	...	...	...	...	...	...	1	—
Transferred to Elementary School	...	...	...	...	...	...	—	1
Transferred to Edgbaston Day Classes	...	...	...	...	...	...	1	—
EDGBASTON DAY CLASSES.								
ADMISSIONS	...	...	...	...	...	...	2	—
LEAVERS :								
Transferred as Resident Pupils	...	...	...	...	...	...	—	2
Transferred for Technical Training at 16	...	...	...	...	...	...	1	1

TOWYN SUMMER SCHOOL.

During the 1938 season, nine groups, each of 24 children, were sent from the Special Schools to the Towyn Summer School, while two groups of girls from the Shenley Fields Cottage Homes also spent a fortnight there in the summer holiday period.

The House-mother states that never during her 15 years' experience at Towyn has she known such continuously wet and stormy weather as during this season. The wind reached gale force on several days in June, July, September and October. The last two groups especially had very few sunny days. In spite of these adverse conditions, the children were able to do and see a great deal, seizing on the occasional dry spells to go for excursions and walks.

Health records were excellent except for one case where a boy developed congestion of the lungs the day after arrival. He had been seen by his own doctor and by the Special Schools Medical Officer the day before he travelled. He was nursed on the premises for nearly two weeks until he was well enough to be moved to hospital, when the next group were due to arrive.

Both groups from the cripple schools were for the first time accompanied by two teachers and a nurse (instead of one teacher and a nurse) and the increased cost was well justified. The heavier duties could be more easily shared and the children's activities graded according to their capacities.

As usual, most groups were able to have two motor excursions and a trip on the toy railway. Several had long tramps on foot and climbed hills, some getting to the top of Bird Rock. The slate and granite quarries were visited and farms explored, though the sea-side itself is of course always the main attraction. Where one of the teachers happens to be Welsh, special interest is aroused in the language and history and songs; one group indeed had its own Eisteddfod. Another group visited a village school where the two sets of children entertained each other with Welsh and English songs. One group of senior boys was able to visit a smithy to see a horse-shoe made, and on another day a bakery, where they saw the various processes and sampled a Welsh bun. A party of cripple girls visited the church at Aberdovey, and to their great joy the woman bell ringer played specially for them "The Bells of Aberdovey." Several unknown friends gave donations to be spent on special treats for the children, one, for example, paying for the partially sighted children to be given boat trips up the Dovey river. One group of senior girls visited the Merioneth Agricultural Show at Harlech. The deaf children were thrilled to see nine swans surf-riding at the mouth of the Dysynni river, later rising in flight over their heads. The children are undoubtedly impressed by the beauties of the place, and extremely happy during their stay.

The following table shows the contributing schools and the dates between which the children were in residence:—

Date of Visit.	Name and Type of School.	Sex of Children.	Age Range. Years.	No. of Rainy Days.	
May 4th—17th	Fashoda Road	M.D.	Mixed	9—15	3
May 18th—31st	Highfield Road	M.D.	Girls	11—15	7
June 1st—14th	Hamilton Road	M.D.	Boys	11—15	9
June 15th—28th	George Street West	P.D.	Girls	8—15	6
June 29th—July 12th	Little Green Lane	P.D.	Girls	11—15	5
Aug. 24th—Sept. 6th	Moseley Road and Whitehead Road	P.S.	Boys	9—15	4
Sept. 7th—20th	Bristol Street	M.D.	Girls	11—15	4
Sept. 21st—Oct. 4th	Moseley Road	Deaf	Mixed	9—15	12
Oct. 5th—18th	George Street West	M.D.	Girls	10—15	12

STATISTICAL INFORMATION.

The usual particulars with regard to children entering or leaving the various types of Special Schools during the year in question are given below:—

I. DAY SCHOOLS FOR THE MENTALLY DEFECTIVE (Accommodation, 1246—Boys and Girls).

ADMISSION EXAMINATIONS.

No. of children examined	...	...	...	...	...	...	447
No. certified as mentally defective	...	...	...	...	...	...	279*
No. to remain at ordinary schools	...	...	...	...	...	...	114
No. temporarily excluded from school attendance	...	...	...	...	...	...	12
No. certified as ineducable	...	...	...	...	...	...	42†
No. of children admitted during the year	...	...	...	...	...	...	269

* Includes 4 for "Ascertainment" purposes only.

† Includes 12 children examined at Erdington House.

TERMINAL REVIEWS.

No. of children allowed to leave school in order to take up employment at 14 years of age	8 (a)
No. of children allowed to leave school in order to take up employment between 14 and 15 years of age	16 (b)
No. of children allowed to leave school in order to take up employment between 15 and 16 years of age	91 (c)
No. of children who left school at 16 years of age	26
No. of children transferred to Residential Schools for the Mentally Defective	24
No. of children transferred to Residential Schools for the Physically Defective	8
No. of children transferred to Day Schools for the Physically Defective	3
No. of children transferred to Residential Open-Air Schools ...	2
No. of children transferred to Day Open-Air School ...	1
No. of children transferred to Day School for the Deaf ...	1
No. of children transferred to Day School for the Partially Sighted ...	1
No. of children transferred to Public Assistance Institutions ...	3
No. of children who left to attend Private Schools ...	2
No. of children who left City ...	9
No. of children certified ineducable ...	32
No. of children notified to the Local Authority for Statutory Supervision ...	95
(a) Of these 3 were de-certified.	
(b) Of these 3 were de-certified.	
(c) Of these 2 were de-certified, and 59 left in the term preceding their 16th birthday.	

II. DAY SCHOOLS FOR THE PHYSICALLY DEFECTIVE. (Accommodation, 220—Boys and Girls).

ADMISSION EXAMINATIONS.

No. of children examined	97
No. certified for admission	72
No. to remain at ordinary schools ...	21
No. of children temporarily excluded ...	4
No. of children admitted during the year ...	88

TERMINAL REVIEWS.

No. of children who left school in order to take up employment between 14 and 15 years of age	33
No. of children transferred to Residential Schools for Physically Defective	16
No. of children transferred to Lingfield Epileptic Colony ...	1
No. of children transferred to Day Open Air Schools ...	1
No. of children transferred to Day School for the Deaf ...	1
No. of children transferred to Day School for the Mentally Defective	2
No. of children permanently excluded ...	10

III. BASKERVILLE RESIDENTIAL SCHOOL FOR THE PHYSICALLY DEFECTIVE. (Accommodation—42 boys, 48 girls).

ADMISSION EXAMINATIONS.

No. of children examined	198
No. of children certified for admission	116
No. of children to remain at Ordinary Elementary Schools ...	82
No. of children admitted during the year ...	123

TERMINAL REVIEWS.

No. of children transferred to Ordinary Schools	87
No. of children transferred to Day Schools for the Physically Defective	11
No. of children transferred to Day Schools for the Mentally Defective	2
No. of children transferred to Day Open-Air Schools ...	1
No. of children admitted to Hospitals ...	7
No. of children allowed to leave at 14 years of age or over ...	2
No. of children withdrawn by Parents ...	4

The average length of stay at the School of the children referred to above was 9 months.

IV. OPEN AIR SCHOOLS.

UFFCULME DAY OPEN-AIR SCHOOL. (Accommodation, 120—Boys and Girls).

ADMISSION EXAMINATIONS.

No. of children examined	...	...	...	...	...	...	117
No. of children certified for admission	...	...	...	...	...	...	114
No. of children to remain at Ordinary Elementary Schools	...	...	...	...	...	...	3
No. of children admitted during the year	...	...	...	...	...	...	77

TERMINAL REVIEWS.

No. of children transferred to Ordinary Schools	...	...	...	...	...	...	43
No. of children transferred to Day Schools for the Mentally Defective	...	...	...	...	...	...	4
No. of children transferred to Open-Air Schools	...	...	...	...	...	...	3
No. of children who left the district	...	...	...	...	...	...	3
No. of children who left at 14 years of age or over	...	...	...	...	...	...	15
No. of children withdrawn by parents	...	...	...	...	...	...	2
No. of children who left the City	...	...	...	...	...	...	5

The average length of stay at the School of the children referred to above was $17\frac{1}{2}$ months.

MARSH HILL OPEN-AIR SCHOOL. (Accommodation, 200—Boys and Girls).

ADMISSION EXAMINATIONS.

No. of children examined	...	...	...	...	...	...	135
No. of children certified for admission	...	...	...	...	...	...	133
No. of children to remain at ordinary Elementary Schools	...	...	...	...	...	...	2
No. of children admitted during the year	...	...	...	...	...	...	115

TERMINAL REVIEWS.

No. of children transferred to Ordinary Schools	...	...	...	...	...	...	44
No. of children transferred to Day Schools for the Mentally Defective	...	...	...	...	...	...	9
No. of children transferred to Residential Open-Air Schools	...	...	...	...	...	...	15
No. of children who left the district	...	...	...	...	...	...	3
No. of children who left at 14 years of age or over	...	...	...	...	...	...	26

The average length of stay at the School of the children referred to above was $21\frac{1}{2}$ months.

CROPWOOD RESIDENTIAL OPEN-AIR SCHOOL. (Accommodation 80 Girls).

ADMISSION EXAMINATIONS.

No. of children examined	...	...	...	...	...	...	88
No. of children certified for admission	...	...	...	...	...	...	86
No. of children to remain at Ordinary Elementary Schools	...	...	...	...	...	...	2
No. of children admitted during the year	...	...	...	...	...	...	69

TERMINAL REVIEWS.

No. of children transferred to Ordinary Schools	...	...	...	...	...	...	37
No. of children transferred to Day Schools for the Mentally Defective	...	...	...	...	...	...	7
No. of children transferred to Day Schools for the Deaf	...	...	...	...	...	...	2
No. of children who left the City	...	...	...	...	...	...	2
No. of children who left at 14 years of age	...	...	...	...	...	...	4
No. of children withdrawn by parents	...	...	...	...	...	...	14

Average length of stay of children referred to above was 13 months.

HUNTER'S HILL RESIDENTIAL OPEN-AIR SCHOOL. (Accommodation 120—
Boys).

ADMISSION EXAMINATIONS.

No. of children examined	...	...	...	...	...	...	123
No. of children certified for admission	...	...	...	...	...	...	122
No. of children to remain at Ordinary Elementary School	...	...	...	...	...	...	1
No. of children admitted during the year	...	...	...	...	...	...	85

TERMINAL REVIEWS.

No. of children transferred to Ordinary Schools	...	...	...	...	...	...	53
No. of children transferred to Day Open-Air School	...	...	...	...	...	...	1
No. of children transferred to Day School for the Mentally Defective	...	...	...	...	...	...	1
No. of children transferred to Hospital	...	...	...	...	...	...	9
No. of children withdrawn by Parents	...	...	...	...	...	...	12
No. of children who left at 14 years of age or over	...	...	...	...	...	...	10

The average length of stay at the School of the children referred to above was 16 months.

CITY OF BIRMINGHAM

Education Committee

Appendix to Annual Report

of

School Medical Officer

for the year ended 31st December, 1938

OFFICIAL TABLES

Elementary Schools.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :

Number of other Routine Inspections

Grand Total 43,507

B. OTHER INSPECTIONS.

C. CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table II. A. (3)	No. of Individual Children requiring Treatment (4)
Entrants	81	3,360	3,426
Second Age Group ...	878	2,400	3,151
Third Age Group ...	1,075	1,852	2,796
Total (Prescribed Groups)	2,034	7,612	9,373
Other Routine Inspections	Nil	Nil	Nil
GRAND TOTAL	2,034	7,612	9,373

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1938.

Defect or Disease.	(1)	Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		(2) Requiring treatment.	(3) Requiring to be kept under observation, but <i>not</i> requiring treatment.	(4) Requiring treatment.	(5) Requiring to be kept under observation, but <i>not</i> requiring treatment.
Skin	Ringworm :				
	(1) Scalp	2	—	61	—
	(2) Body	9	—	226	1
	(3) Scabies	122	2	1,392	8
	(4) Impetigo	132	3	2,553	—
	(5) Other Diseases (non-Tuberculous)	315	24	5,012	2
	Total (Heads 1 to 5)	580	29	9,244	11
Eye	{ (6) Blepharitis	96	28	446	—
	(7) Conjunctivitis	34	1	64	—
	(8) Keratitis	1	—	10	—
	(9) Corneal Opacities	6	2	16	—
	(10) Other Conditions (excluding Defective Vision and Squint)	40	11	655	1
	Total (Heads 6 to 10)	177	42	1,191	1
Ear	(11) Defective Vision(excluding Squint)	2,034	402	2,082	56
	(12) Squint	465	166	433	1
Nose and Throat	{ (13) Defective Hearing	211	18	220	2
	(14) Otitis Media	216	21	852	—
	(15) Other Ear Diseases	71	10	819	2
	(16) Chronic Tonsillitis only	186	369	253	4
	(17) Adenoids only	60	49	49	2
	(18) Chronic Tonsillitis and Adenoids	1,475	477	1,338	43
	(19) Other Conditions	426	34	2,696	5
	(20) Enlarged Cervical Glands (non-Tuberculous)	41	126	372	—
	(21) Defective Speech	75	33	76	6
Heart and Circulation	{ Heart Disease : (22) Organic	117	68	99	65
	(23) Functional	22	22	67	14
	(24) Anaemia	916	169	729	1
Lungs	{ (25) Bronchitis	588	43	1,272	2
	(26) Other non-Tuberculous Diseases	73	15	195	—
Tuberculosis	Pulmonary : (27) Definite	1	—	4	—
	(28) Suspected	24	9	63	6
	Non-Pulmonary : (29) Glands	1	1	9	—
	(30) Bones and Joints	5	3	8	—
	(31) Skin	4	5	1	—
	(32) Other Forms	1	—	8	—
	Total (Heads 29 to 32)	12	9	26	—
Nervous System	{ (33) Epilepsy	21	8	46	9
	(34) Chorea	24	3	146	—
	(35) Other Conditions	95	14	62	6
Deformities	{ (36) Rickets	17	18	5	—
	(37) Spinal Curvature	543	19	59	—
	(38) Other Forms	628	117	432	12
	(39) Other Defects and Diseases (ex. defects of Nutrition, Uncleanliness and Dental Diseases)	1,359	169	15,631	127
	Total	10,456	2,459	38,461	375

B. CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-Groups	In-spected	Number of Children.							
		A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	15,489	367	2.4	13,311	86.0	1,541	9.9	270	1.7
Second Age-group	14,263	330	2.3	12,398	87.0	1,346	9.4	189	1.3
Third Age-group	13,755	322	2.3	12,059	87.7	1,208	8.8	166	1.2
Other Routine Inspections	—	—	—	—	—	—	—	—	—
Total	43,507	1,019	2.3	37,768	86.9	4,095	9.4	*625	1.4

*Of these, 445 were reported by one Assistant School Medical Officer. If his figures are excluded 0.5% only were classified as having "bad" nutrition.

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Total.
Blind.		At Certified Schools for the Blind At no School or Institution	31 —
Partially Sighted.		At Certified Schools for the Blind At Certified Schools for the Partially Sighted..... At Public Elementary Schools	16 — 112
		At other Institutions	2
		At no School or Institution	—
Deaf		At Certified Schools for the Deaf At Public Elementary Schools	92 1
		At no School or Institution	—
Partially-Deaf.		At Certified Schools for the Deaf and Partially Deaf	47
		At Public Elementary Schools	—
		At no School or Institution	—
Mentally Defective		At Certified Schools for Mentally Defective Children	1327
		At Public Elementary Schools	*44
		At other Institutions	33
		At no School or Institution	2
Epileptics	Suffering from severe epilepsy.	At Certified Special Schools At Public Elementary Schools	13 1
		At other Institutions	—
		At no School or Institution	2
Physically Defective	Suffering from pulmonary tuberculosis.	At Certified Special Schools	1
		At Public Elementary Schools	5
		At other Institutions	47
		At no School or Institution	—

* Certified as mentally-defective and awaiting admission to Special Schools.
In addition there are 45 children who have been reported with a view to admission to special Schools and who await examination.

TABLE III. *Contd.*—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

		Total.
	Suffering from non-pulmonary tuberculosis	At Certified Special Schools 64 At Public Elementary Schools 10 At other Institutions 21 At no School or Institution —
	Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission (to an Open Air School.)	At Certified Special Schools 573 At Public Elementary Schools 238* At other Institutions 15 At no School or Institution 7
Physically Defective.	Crippled Children (other than those diagnosed as tuberculous and in need of treatment for that disease).	At Certified Special Schools 208 At Public Elementary Schools 7 At other Institutions — At no School or Institution —
	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Special Schools 129 At Public Elementary Schools 15 At other Institutions — At no School or Institution 1

* Awaiting admission to Open Air Schools. In addition there are 154 children attending Public Elementary Schools who have been reported for examination with a view to admission to Open Air Schools.

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR
ENDED 31ST DECEMBER, 1938.

TREATMENT TABLE.

Group I. Minor Ailments (excluding Uncleanliness for which see Table VI.).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin —</i>			
Ringworm-Scalp :			
(i) X-ray Treatment	37	6	43
(ii) Other	16	5	21
Ringworm-Body	206	14	220
Scabies	1253	134	1387
Impetigo	2694	86	2780
Other skin disease	4642	253	4895
<i>Minor Eye Defects</i>	1433	63	1496
(External and other, but excluding cases falling in Group II.)			
<i>Minor Ear Defects</i>	1548	168	1716
<i>Miscellaneous</i>	9020	476	9496
(e.g., minor injuries, bruises, sores, chilblains, etc.).			
Total	20,849	1205	22,054

TABLE IV. (*Contd.*)

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including squint).	3,730	532	4,262
Other defect or disease of the eyes (excluding those recorded in Group I)	93	25	118
Total	3,823	557	4,380
No. of Children for whom Spectacles were	Under the Authority's Scheme.		
	(a) Prescribed	451	3,675
(b) Obtained	3,224	447	3,660
	3,213		

Group III. Treatment of Defects of Nose and Throat.

Number of Defects.												
Received Operative Treatment.				Treatment.				Received other forms of Treatment.				Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.			By Private Practitioner or Hospital, apart from the Authority's Scheme.			Total.				Received other forms of Treatment.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	1,902
2	4	1,097	—	49	34	747	26	51	38	1,844	26	3,861

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils & Adenoids. (iv) Other defects of the nose and throat.

TABLE IV. (*Contd.*)

Group IV. Orthopaedic and Postural Defects.

	Under the Authority's Scheme			Otherwise.			Total number treated.	
	(1)		Non-residential treatment at an orthopaedic clinic. (iii)	(2)				
	Residential treatment with education. (i)	Residential treatment without education. (ii)		Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)		
Number of children treated.	170	—	2615	2	19	63	2869	

TABLE V. DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist :

(a) Routine age-groups.

Age :

5	8,931
6	8,997
7	9,905
8	9,545
9	9,808
10	9,613
11	9,603
12	8,566
13	8,500
14	781
Total 84,249	

(b) Specials 510

(c) Total (Routine and Specials) 84,759

(2) Number found to require treatment 58,819

(3) Number actually treated 36,583

(4) Attendances made by children for treatment 44,773

(5) Half-days devoted to $\left\{ \begin{array}{l} \text{Inspection} \quad 385 \\ \text{Treatment} \quad 4,554 \end{array} \right\}$ Total 4,939.(6) Fillings $\left\{ \begin{array}{l} \text{Permanent Teeth} \quad 16,488 \\ \text{Temporary Teeth} \quad 261 \end{array} \right\}$ Total 16,749(7) Extractions $\left\{ \begin{array}{l} \text{Permanent Teeth} \quad 23,381 \\ \text{Temporary Teeth} \quad 82,171 \end{array} \right\}$ Total 105,552.

(8) Administrations of general anaesthetics for extractions 25,388.

(9) Other Operations $\left\{ \begin{array}{l} \text{Permanent Teeth} \quad 2,332 \\ \text{Temporary Teeth} \quad 3,052 \end{array} \right\}$ Total 5,384

TABLE VI. UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses.....11·13

(ii.) Total number of examinations of children in the Schools by School Nurses.....346,958.

(iii.) Number of *individual* children found unclean.....13,375.

(iv.) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act 1921.....nil.

(v.) Number of cases in which legal proceedings were taken :--
(a) Under the Education Act, 1921.....Nil.
(b) Under School Attendance Byelaws.....86.

TABLE II. (SECONDARY SCHOOLS).

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1938.

	Defect or Disease.	Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		(2) Requiring treatment.	(3) Requiring to be kept under observation, but <i>not</i> requiring treatment.	(4) Requiring treatment.	(5) Requiring to be kept under observation, but <i>not</i> requiring treatment.
	(1)	(2)	(3)	(4)	(5)
Skin	Ringworm :				
	(1) Scalp	—	—	—	—
	(2) Body	—	—	—	—
	(3) Scabies	2	—	—	1
	(4) Impetigo	4	—	—	1
	(5) Other Diseases (non-Tuberculous)	60	6	7	—
	Total (Heads 1 to 5)	66	6	9	—
Eye	{ (6) Blepharitis	7	1	1	—
	(7) Conjunctivitis	10	1	—	—
	(8) Keratitis	—	—	—	—
	(9) Corneal Opacities	—	—	—	1
	(10) Other Conditions (excluding Defective Vision and Squint)	16	1	4	—
	Total (Heads 6 to 10)	33	3	6	—
Ear	{ (11) Defective Vision(excluding Squint)	438	141	41	—
	(12) Squint	12	6	—	—
	(13) Defective Hearing	10	1	2	—
	(14) Otitis Media	15	4	2	—
	(15) Other Ear Diseases	7	—	2	—
	(16) Chronic Tonsillitis only	13	32	3	—
Nose and Throat	{ (17) Adenoids only	1	—	—	—
	(18) Chronic Tonsillitis and Adenoids	31	6	2	—
	(19) Other Conditions	58	1	1	—
	(20) Enlarged Cervical Glands (non-Tuberculous)	2	3	2	—
	(21) Defective Speech	4	—	—	—
Heart and Circulation	{ Heart Disease :				
	(22) Organic	10	15	—	—
	(23) Functional	—	1	12	—
	(24) Anaemia	69	20	—	—
Lungs	{ (25) Bronchitis	19	2	—	—
	(26) Other non-Tuberculous Diseases	6	1	—	—
	Pulmonary :				
	(27) Definite	—	—	—	—
	(28) Suspected	3	—	—	—
Tuberculosis	{ Non-Pulmonary :				
	(29) Glands	—	—	—	—
	(30) Bones and Joints	1	1	—	—
	(31) Skin	—	—	—	—
	(32) Other Forms	—	—	—	—
	Totals (Heads 29 to 32)	1	1	—	—
Nervous System	{ (33) Epilepsy	—	1	1	—
	(34) Chorea	2	2	—	—
	(35) Other Conditions	9	4	2	—
Deformities	{ (36) Rickets	3	1	—	—
	(37) Spinal Curvature	190	5	3	1
	(38) Other Forms	90	43	3	—
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	180	8	19	1	—
	Total	1273	318	98	2

TABLE IV. (SECONDARY SCHOOLS)—RETURN OF DEFECTS TREATED
DURING THE YEAR ENDED 31ST DECEMBER, 1938.

TREATMENT TABLES.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table VI)

Disease or Defect. (1).	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp : (i). X-Ray Treatment	—	—	—
(ii). Other treatment	2	—	2
Ringworm-Body	2	1	3
Scabies	9	—	9
Impetigo	30	7	37
Other Skin Diseases			
<i>Minor Eye Defects</i>	11	7	18
(External and other, but excluding cases falling in Group II.)			
<i>Minor Ear Defects</i>	17	9	26
<i>Miscellaneous</i> (e.g., minor injuries, bruises, sores, chilblains, etc.)	37	6	43
Total	108	30	138

TABLE IV. (SECONDARY SCHOOLS) (*Contd.*)

Group II. Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Disease or Defect (1)	No. of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
ERRORS OF REFRACTION (including squint but excluding operations for squint)	255	138	393
Other defect or disease of the eyes (excluding those recorded in Group I)	—	1	1
Total	255	139	394

No. of Children for whom Spectacles were (a) Prescribed	Under the Authority's Scheme.		
	Under the Authority's Scheme.	Otherwise.	Total.
(a) Prescribed	255	132	387
(b) Obtained	255	132	387

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.												Total number treated.
Received Operative Treatment.												Total number treated.
Under the Authority's Scheme, in Clinic or Hospital. (1)		By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)			Total. (3)			Received other forms of Treatment. (4)				Total number treated.
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	
—	—	5	—	1	—	12	2	1	—	17	2	50
												70

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils & Adenoids. (iv) Other defects of the nose and throat.

TABLE IV. (SECONDARY SCHOOLS) (Contd.)

Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated.	—	—	85	—	—	4	89

Group V.—Dental Defects

(1) Number of Children who were :—

(i) Inspected by the Dentist :
Aged :

$\begin{cases} 10 & 154 \\ 11 & 1,008 \\ 12 & 1,149 \\ 13 & 1,293 \\ 14 & 1,268 \\ 15 & 980 \\ 16 & 347 \\ 17 & 101 \\ 18 & 16 \\ 19 & 1 \end{cases}$	Total 6,317
---	-------------

(ii) Found to require treatment 3,933

(iii) Actually treated 1,655

(2) Half-days devoted to $\left\{ \begin{array}{l} \text{Inspection 28} \\ \text{Treatment} \end{array} \right.$ (Carried out in conjunction with work for Elementary Schools).

(3) Attendances made by children for treatment 2,915.

(4) Fillings $\left\{ \begin{array}{l} \text{Permanent teeth 2,886} \\ \text{Temporary teeth 10} \end{array} \right\}$ Total 2,896(5) Extractions $\left\{ \begin{array}{l} \text{Permanent teeth 1,783} \\ \text{Temporary teeth 356} \end{array} \right\}$ Total 2,139.

(6) Administrations of general anaesthetics for extractions 828.

(7) Other operations $\left\{ \begin{array}{l} \text{Permanent teeth 299} \\ \text{Temporary teeth 59} \end{array} \right\}$ Total 358.

